

Mental Health and Wellbeing in Sport:

A Pilot Educational Programme for Clubs





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Ulster University's Sport and Exercise Sciences Research Institute, in collaboration with Sport Northern Ireland, conducted a pilot study evaluating the effects of a Mental Health Educational Programme on wellbeing in sports club settings.

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Authors: Dr Gavin Breslin; Dr Paul Donnelly; Ciarán Kearney; and Tandy Haughey



Section 1: Project Summary

Background

The World Health Organisation (2011) estimates that millions of people across the world experience mental health problems, with one in four experiencing a mental illness at some point in their lives.

Purpose

To apply the Theory of Planned Behaviour (TPB) (Ajzen, 1985) to evaluate the effects of the Mental Health Educational Programme on sports coaches' perceptions of mental health stigma and knowledge of mental health problems.

Method

A sample of adult coaches (n=135) from a variety of sports was recruited by convenience sampling from those attending the Sport Northern Ireland 'Mood Matters' Pilot Educational Programme. Questionnaires were distributed at the beginning and end of the three-hour training session. Changes in mental health knowledge, social stigma, and intended behaviour towards mental health were measured using the Mental Health Knowledge Schedule (MAKS) and Reported and Intended Behaviour Scale (RIBS). Focus groups and interviews were conducted with a subsample of participants who received the training.

Results

When asked to rate their current knowledge of mental health the mean score was 2.1, following the intervention this increased to 2.84. (Wilcoxon, $Z = -7.77$ $p < .001$). A total score for the MAKS was computed for knowledge of mental health based on questions 1-6. The highest score that could have been achieved was 30. The scores increased from baseline ($M = 22.94$, $SD = 3.12$) to post intervention ($M = 25.45$, $SD = 2.46$) ($t = -8.54$, $df = 117$, $p < .01$) showing the intervention had an effect on increasing knowledge of mental health in this sample. The second component of MAKS is knowledge of the types of mental illness. Post intervention the participants were more knowledgeable of depression, schizophrenia and bipolar disorder. There were no changes in understanding of stress, drug addiction or grief. Questions 5-8 of the RIBS were summed to indicate whether participants would be willing to help someone with a mental health problem in the future. The pre-test RIBS score ($M = 17.78$, $SD = 2.6$) increased after the training ($M = 18.67$, $SD = 2.5$) ($t = -3.46$, $df = 116$, $p < .01$). The focus group findings supported the views of the survey and provided recommendations for further delivery of a mental health educational programme to sports clubs in the future.

Conclusions

These findings correspond with the TPB (Ajzen, 1985) that sharing knowledge can improve attitudes and intended behaviours towards mental health help seeking, even within a short three-hour intervention. These findings have implications for developing the Mood Matters Pilot Educational Programme and the broader question of how sporting bodies and sports coaches might approach designing mental health education in sport.



Section 2: Introduction and Background

The World Health Organisation (2011) estimates that millions of people across the world experience mental health problems, with one in four experiencing a mental illness at some point in their lives. In a post-conflict Northern Ireland with a population of 1.7 million people, suicide has been shown to be on the increase in recent years. During 2009 260 deaths by suicide were registered, which included 205 males and 55 females (Public Health Agency, 2011); in 2010 there were 303 suicides (the highest recorded); and in 2013 229 suicides occurred with over three-quarters being men (NISRA, 2014). This is in comparison to earlier years when approximately 150 suicides were reported each year (Department of Health, Social Services and Public Safety, 2006). Health promoters have a role in reducing the stigma associated with having a mental health problem, and encouraging those who may be at risk of suicide to seek help or make important health-related lifestyle changes. These issues also need to be addressed by policy makers who have a role in encouraging the public to be more knowledgeable and aware of mental health and to seek help or support to cope with life's challenges.

Unlike physical health, it is argued that mental health has not been accorded the same importance by the public which may in part have contributed to the increased incidence and prevalence of mental health problems. Little empirical evidence has been available in Northern Ireland concerning the public's understanding of, and attitudes towards mental health (Public Health Agency, 2007). Findings from Northern Ireland based population surveys have shown that there is a low level of understanding of mental health, and paradoxically individuals are likely to offer help if they were asked for help by someone

who was experiencing a mental health problem, but not to seek mental health support themselves if required (Breslin and McCay, 2006; Breslin and McCay, 2012). This unwillingness to seek help was attributed to stigma associated with being labelled as someone experiencing a mental health problem.

A psychological explanation for the potential lack of help seeking when experiencing mental health issues can be interpreted in various ways using psychological theories of behaviour change. The Theory of Planned Behaviour (TPB) (Ajzen, 1985) is one such theory that can be applied to help seeking. The TPB predicts that the amount of perceived behavioural control a person has, in this case to take care of their mental health, can determine help-seeking behaviours. Accordingly, a person who perceives they have control over their mental health compared to a person with a low level of perceived control would be more likely to take part in lifestyle behaviours that protect their mental health. Perceived control has been positively linked to knowledge and understanding of a specific behaviour, so it follows that increasing knowledge can lead to a more likelihood to seek help. To date, there are no studies that have applied the TPB to help seeking and mental health in sport. This study will be the first.

Following a roundtable discussion on mental health and wellbeing, which was chaired by the Department of Culture, Arts and Leisure (DCAL) Minister, DCAL and Sport Northern Ireland drafted a pilot programme in support of the Public Health Agency's campaign to raise awareness of mental health issues for sports clubs.

Sport Northern Ireland initially engaged with five Governing Bodies of Sport (GBs):

- Football (IFA);

- GAA;
- Rugby (IRFU Ulster Branch);
- Professional Golf Association; and
- Irish Amateur Boxing Association, Ulster Council.

At an operational level, GBs were asked to provide sports clubs to participate in the pilot programme. At a policy level, GB officials for each sport signed a policy declaration in support of raising awareness about mental health. This committed each GB to highlight the importance of mental health and wellbeing within their sport. GBs were asked to nominate clubs which were based in or engaged with areas of high social need, and had an existing education, outreach or community engagement programme. All five GBs and 25 clubs were asked to sign a policy declaration (see Appendix 1) which in summary gave their commitment to taking part in the Sport Northern Ireland 'Mood Matters' Pilot Educational Programme, a mental health programme of training. This was further expanded to have Aware Defeat Depression deliver training on mental health awareness.

Research aims

The aim was to evaluate the effects of a Pilot Mental Health Educational Programme (Mood Matters) on adults and coaches involved in sports clubs. In particular, the aim is to modify perceptions of stigma and knowledge of mental health that will likely lead to help seeking. The objectives of the programme are:

- To raise awareness in clubs of mental health issues;
- To reach as broad a sporting audience as possible;
- To help in breaking down barriers within sport on the subject of mental wellbeing; and
- To help break down the perceived stigma associated with mental health issues.



Section 3: Methodology

There were two phases to the evaluation:

1. A survey; and
2. Qualitative focus groups with those who participated in the Sport Northern Ireland Mood Matters Pilot Educational Programme.

Phase 1: Survey

Participants

A total of 135 adult (male = 68, female = 67) coaches and volunteers who represented 23 different sports or clubs took part in the programme (see Figure 1). Questionnaires were completed before and after the Mental Health Educational Programme. The content of the questionnaires was based on questions previously used in this setting by Northern Ireland's Public Health Agency in the evaluation of Mental Health First Aid, a programme evaluated by the lead author (MHFA, 2006); and a similar mental health literacy training programme for the general public of Northern Ireland. Furthermore, in response to a call for the inclusion of a psychological behaviour change theory to be included in evaluations of public mental health programmes, the Reported and Intended Behaviour Scale (RIBS) (Evans-Lacko et al., 2011) and the Mental Health Knowledge Schedule (MAKS) (Evans-Lacko et al., 2010) were included. The inclusion of these additional measures will bring novelty to the evaluation of the intervention as well as a theoretical basis on which to make suggestions for future implementation. Both measures have been validated and are reliable for use with the public (Evans-Lacko et al., 2010; 2011).

Reported and Intended Behaviour Scale (RIBS)

The RIBS is a measure of mental health stigma related behaviour, based on The Star Social Distance Scale, which can be used with the general public and is feasible to use with large populations. It can be used in conjunction with attitude- and behaviour-related measures with the general public. The average time for self-completion of the RIBS is approximately 1 minute.

RIBS items 5-8 are scored on an ordinal scale (1-5). Items in which the respondent strongly agrees with engaging in the stated behaviour have a value of 5 while individuals who strongly disagree that they could engage in the stated behaviour receive 1 point. The total score for each participant is calculated by adding together the response values for items 5-8. 'Don't know' is coded as neutral (i.e., 3) for the purposes of determining a total score. As items 1-4 only calculate the prevalence of behaviours and respondents may or may not have engaged in those behaviours, they are not given a score value. Both reported and intended behaviour are important to include, as they identify how reported behaviour may be associated with future (intended) behaviour.

Mental Health Knowledge Schedule (MAKS)

The MAKS is a mental health knowledge related measure which comprises domains of relevant evidence-based knowledge in relation to stigma reduction which can be used in conjunction with attitude- and behaviour-related measures with the general public. The MAKS is based on literature review and expert consultation (including stigma researchers and service users). It comprises six stigma-related mental

health knowledge areas which inquire about knowledge of mental illness conditions:

1. Help-seeking;
2. Recognition;
3. Support;
4. Employment;
5. Treatment; and
6. Recovery.

The MAKS can be self-administered either in person or online. The average time for self-completion of the MAKS is approximately 1-2 minutes.

MAKS items are scored on an ordinal scale (1 to 5). Items in which the respondent strongly agrees with a correct statement have a value of 5 points while 1 point reflects a response in which the respondent strongly disagrees with a correct statement. 'Don't know' is coded as neutral (that is, 3) for the purposes of determining a total score. Items 6, 8, and 12 are reverse coded to reflect the direction of the correct response. Items 1-6 are used to determine the total score. Items 7 to 12 are designed to establish levels of recognition and familiarity with various conditions and to help contextualise the responses to other items. For example, it is important to know if broadening one's conceptualisation of mental illness influences participants' subsequent responses to questions.



Intervention: The Sport Northern Ireland Mood Matters Pilot Educational Programme

The Mood Matters Programme is an educational mental health awareness programme targeted at the general population. The content includes:

- Mental health awareness and definition;
- What factors affect our mental health;
- Mental health problems and mental health illnesses;
- Risk factors signs and symptoms;
- Treatments;
- Self-help strategies; and
- Sources of help.

The programme lasts three hours. The facilitator is an approved Public Health Agency provider. The programme has previously been delivered across Northern Ireland. The programme is supported with advice if any negative experiences result from taking part in the programme. The programme was delivered by MindWise and Aware Defeat Depression.

Data Analysis

Descriptive mean and standard deviation statistics were calculated for each of the separate questions and RIBS and MAKS scales. Separate within group parametric t-tests were calculated to determine whether there were any changes in knowledge of mental health and intention to help individuals' pre and post training. As some of the data is ordinal in nature, any analysis on individual questions at baseline to post training were calculated using Wilcoxon Rank sum test (Z). Pearson Product Moment Correlation Analysis (r) were calculated to establish relationships between knowledge of mental health and intention to offer help and support. Where individual comments from the questionnaire have been

submitted a summary of the views of participants are presented supported by information in an Appendix.

Ethical approval

The study was conducted with the ethical approval of Ulster University's School of Sport Research Ethics Filter Committee. Consent was provided by all participants (see Appendix 2). Where consent was not provided participants did not complete the research element to the intervention, but did receive the educational intervention.

Phase 2: Qualitative focus groups and interviews

Two months post Mood Matters training, an interview and two focus groups were conducted with twelve coaches/club personnel to ascertain their experience of the training and determine what is required as the next steps to improve the current provision for mental health training within the sporting context. Interviews were conducted at Ulster University and club settings with each interviewee being recorded via a dictaphone which was transcribed verbatim. A thematic analysis for each transcript was conducted to establish core themes for improvement.

Section 4: Results



Phase 1: Baseline and Follow-up Survey

Section A: Participant background and experience of mental health

In Figure 1 the 135 participants who took part in the intervention from various sports and organisations are outlined.

Of the participant sample; 27 were paid coaches, 41 volunteer coaches. 59 participants defined themselves as either involved in the management of the club, a volunteer in a sports organisation or having an athlete support role. For those coaching on a regular basis we asked what particular age group they were coaching. The responses ranged from primary school children (5-12 years), adolescents (12-16 years), and young adults to those coaching adults up to 40 years of age.

When asked whether participants had an educational qualification in mental health, five responded yes (3.7%) and 130 responded no (96.3%).

32 participants (23.7%) had formal experience working with people with mental health issues while the majority did not. Of these, nine (28.1%) had 0-1 years' experience, five (15.6%) had 1-3 years, 11 (34.4%) had 3-5 years, three (9.4%) had 5-10 years and similarly three (9.4%) had over 10 years' experience. Examples of previous experience included a participant with a PhD specialising in physical activity, and health and wellbeing, a holistic life and business coach, yoga, and a Reiki practitioner.

Figure 1: Sports and organisations represented



59 participants (45.4%) reported that they were currently in contact with someone with a mental health problem, 59 (45.4%) were not and three participants (2.3%) did not know. 130 participants responded to this question.

The RIBS was used to determine what current behaviour the participants were engaged in related to mental health. Before the intervention participants were asked the following questions:

Are you currently working with, or have you ever worked with, someone with a mental health problem?

61 responded yes, 40 no and 30 did not know.

Are you currently living with, or have you ever lived with, someone with a mental health problem?

54 responded yes, 64 no and 14 did not know.

Do you currently have, or have you ever had, a neighbour with a mental health problem?

51 responded yes, 39 no and 43 did not know.

Do you currently have, or have you ever had, a close friend with a mental health problem?

82 responded yes, 31 no and 19 did not know.

Participants were asked: what did they hope to achieve from the training for i) themselves, ii) organisation and iii) the community of people they work with?

The majority of participants expected to increase their knowledge and skills to offer support in their clubs.



Quotes reflecting participant expectations:

“A better understanding of mental health.”

“i) Greater awareness to be able to recognise mental health problems and to develop tools/techniques to be able to help others; ii) be able to develop workshops and discussion forums/activity groups who are willing to support those with mental health - bring awareness into our ethics and culture; and iii) be willing to talk about mental health. Act as an advocate for support mentor.”

“i) Better understanding of how and where to direct those struggling with mental health problems. More awareness of how to cope within relationships with sufferers of mental health problems; ii) for our members to feel comfortable and confident that there is a contact within our GB that can help in this area; and iii) be able to offer something extra to those that need support.”

“i) As mental health is common in the roles and jobs I undertake, an increased knowledge would help me personally; ii) an employee with an understanding of certain mental health scenarios and issues that previously may have been ignored; and iii) a broader understanding of mental health issues in the community and ways to help those in question.”

See Appendix 3 for a further list of what participants would have liked to experience at training.

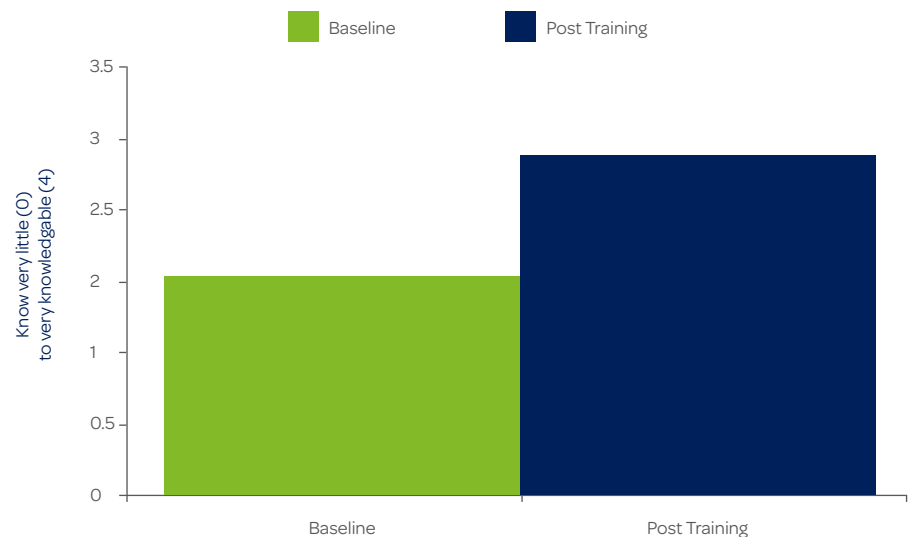
Section B: Mental health knowledge

Knowledge was assessed in three ways at baseline and again at post training follow up:

1. Asking participants a single question to rate current knowledge of mental health;
2. Using the MAKS; and
3. Vignette (case study) of a person experiencing depression.

When asked to rate their current knowledge of mental health the mean score was 2.1, following the intervention this increased to 2.84. That is, before the intervention participants were likely to say that they know little about mental health, this increased to say they were knowledgeable post intervention. The change was statistically significant (Wilcoxon, $Z = -7.77$ $p < .001$). See Figure 2.

Figure 2: The change in knowledge of mental health from baseline to post training.





Section 4: Results (continued...)

The MAKS revealed statistically significant changes in knowledge from pre to post intervention. Individual questions and responses are shown in Figure 3. The biggest change was in being knowledgeable about what advice to give a friend if they were experiencing a mental health issue.

A total score was computed for knowledge of mental health based on questions 1-6. The highest score that could have been achieved was 30. The scores increased from baseline ($M=22.94$, $SD=3.12$) to post intervention ($M=25.45$, $SD=2.46$) ($t=-8.54$, $df=117$, $p<.01$) showing the intervention had an effect on increasing knowledge of mental health in this sample.

The second component of MAKS is the knowledge of the types of mental illness. Post intervention the participants were more knowledgeable of depression, schizophrenia and bipolar disorder (see Figure 4). There were no changes in understanding of stress, drug addiction or grief.

Figure 3: The findings from the MAKS for questions 1-6

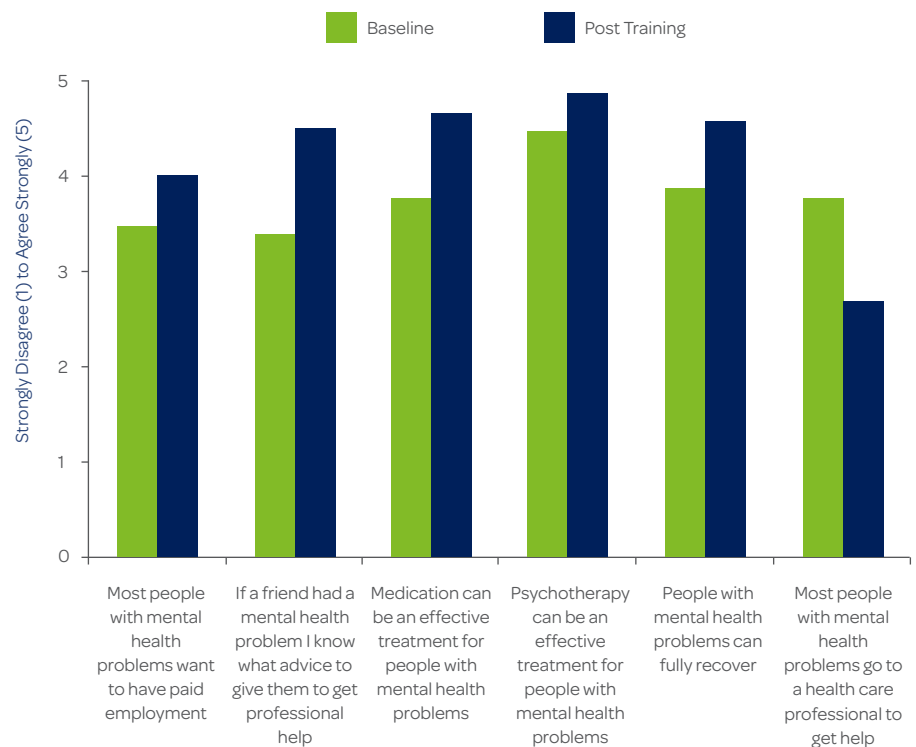
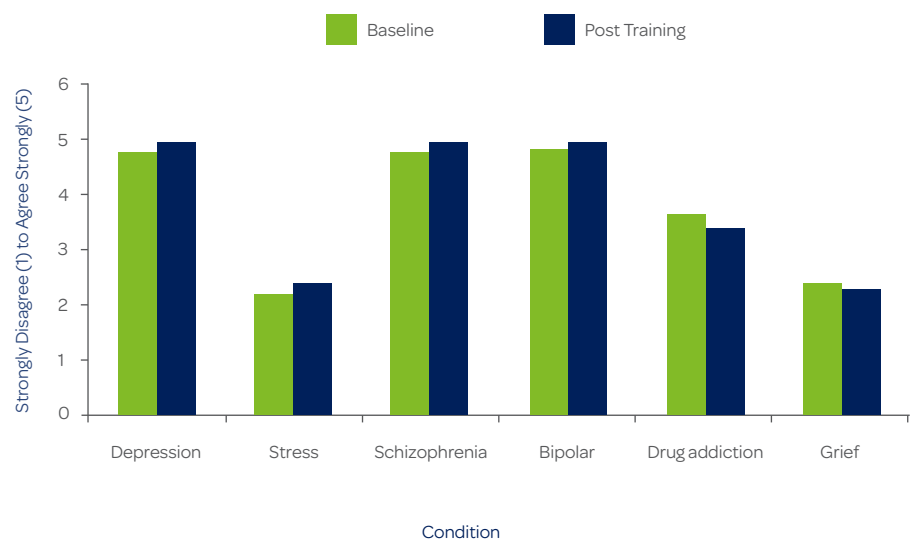


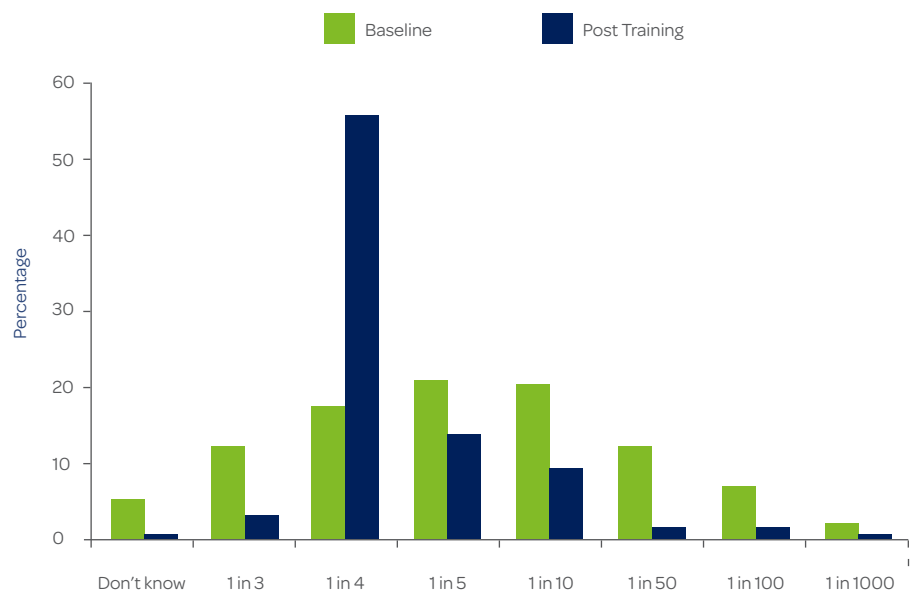
Figure 4: MAKS knowledge of the types of mental illness





Participants were asked what proportion of people in Northern Ireland do you think will have a mental health problem at some point in their lives (see Figure 5). The correct answer is 1 in 4. At baseline 17.9 % answered correctly, post training this increased to 65%.

Figure 5: What proportion of people in Northern Ireland do you think will have a mental health problem at some point in their lives?





Section 4: Results (continued...)

The below vignette (case study) of John who has depression was presented before and after training.

John has been feeling really down for the last few weeks. He wakes up in the morning with a flat heavy feeling that stays with him all day long. He doesn't enjoy things the way he normally would. In fact, nothing gives him pleasure. Even when good things happen, they don't seem to make John happy. He has to force himself to get through the day, and even the smallest things seem hard to do. He finds it hard to concentrate on anything and has no energy at all. Even though John feels tired at night, he still can't sleep, and wakes up too early in the morning. John feels worthless and feels like giving up. John's family has noticed that he hasn't been himself for about the last month. He doesn't feel like talking and isn't taking part in things like he used to.

Participants were asked what, if anything, is wrong with John. Outlined in Table 1 are some responses at baseline and post training. Overall the levels of knowledge around identifying the symptoms of depression were high at baseline and follow-up.

Table 1: Response to what may be bothering John

Baseline response	Post-training response
Depression	Depression
Depressed	He is depressed
Depressed	Depressed, cannot talk about his feelings
He could be suffering from depression	Could be depressed
John is definitely suffering from mental health issues	He is suffering from depression
John appears depressed and feels worthless	Signs of depression and anxiety
John is suffering mentally and physically as a result of something which triggered this 'down' feeling	He's suffering from mental illness through depression
Depressed	John is depressed
John is showing signs of depression	Depression
John appears to be feeling very down/depressed	He is feeling depressed
Feeling depressed	Depression
Depressed	Depression
Seems to suffer from depression	Is suffering from depression and anxiety
Depression	Depression
Depression	Depression
Depression	Depression
John is suffering from depression	Depression
John indicates something is bothering him, possibly even depression	From the passage it indicates he is suffering from depression
John appears to be suffering from depression	Depression
Possibly depression. Low self-esteem and self-worth	Depression or anxiety



Baseline response	Post-training response
Sounds depressed	Depression
Depression	Depression
He is depressed/sad	John has a mental health illness, depression
Illness - physical or mental depression	Depression
It sounds like depression	Depression
Would appear to be suffering from depression	Depression
Nothing seems to be wrong, he has stated there being a cause to his feeling low	He sounds like he has depression but the cause is unknown
Lacks motivation and drive; negativity overrides the positives. John is feeling depressed, anxious and unable to carry out daily routine	Depression, isolated, and anxious. Interferes with ability to go about daily routine
He appears to be depressed	Depression
Based on the information John seems depressed	John has depression
From reading the information I would say John has depression	I would say that John has a mental illness and should seek help
Depression	Anxiety and depression
Sounds like John may be depressed. He has shown symptoms for few weeks	Depression
He is depressed and feeling worthless	He has depression and needs to see a GP
Struggling to cope with everyday life - not necessarily depression but could do with support	Depression – needs to seek help
Depressed due to a certain or a number of situations	Suffering from mental illness - anxiety. Needs to talk to someone
Sounds like depression	Depression
Possibly suffering from depression	John is demonstrating several symptoms of possible depression
Depressed and/or stressed	Depressed
Sounds like depression	Depression
No response provided	John has symptoms of depression. Make him feel positive and get him to talk then point in the direction of trained help
Depressed and possibly suicidal	Depression
I would say on first look John would be depressed and suffering from anxiety	Anxiety and depression
John has depression and insomnia	Depression

Section 4: Results (continued...)

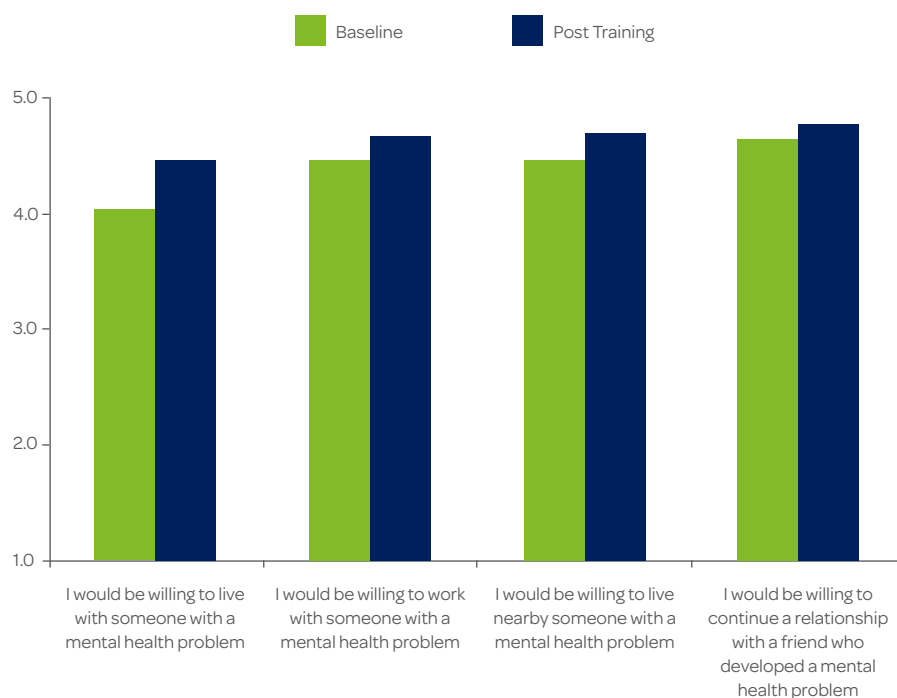


Section C: Offering support to those with mental health issues

Participants were asked, how confident do you feel in helping someone with a mental health problem. Pre training the mean score was 2.26 (SD=1.02), post training this increased to 3.17 (SD=.88) ($Z = -7.06$; $p < .001$). This change in score reflected participants moving from being a little bit to moderately confident in helping someone to being moderately to quite confident in helping someone with a mental health problem.

Questions 5-8 of the RIBS are presented in Figure 6. Participants generally agreed slightly or strongly at baseline. Participant responses to all the questions increased post training. That is participants were more willing to; live with someone with a mental health problem, work, live nearby and continue a relationship with a friend who had a mental health problem.

Figure 6: Response to questions 5-8 of the RIBS





Questions 5-8 of the RIBS were summed to provide a total score indicating whether participants would be willing to help someone with a mental health problem in the future. The pre-test total score of 17.78 (SD= 2.6) increased to 18.67 (SD = 2.5) after the training. This increase was statistically significant ($t = -3.46$, $df = 116$, $p < .01$).

Returning to the vignette of John, when asked: *“How would you intervene to help John?”*, participants responded:

Table 2: Examples of how participants would respond to John at baseline and post training

Baseline response	Post-training response
Listen and support	Listen and get him help
I would listen to him, offer support and ask if he would consider going to speak to a professional like a counsellor. I would offer to make appointment and go with him	I would recommend he seek professional help. I would offer to go with him and set up the appointment
Listen to him (advice)	Listen to him then advise medical assistance
Listen to him	See his doctor/talk to him
No response	I would find time to talk and help him with relevant authorities
I would encourage him to talk about how he feels	Encourage him to talk and also seek professional help
No response provided	Promote talking through his issues, show support for speaking to professionals
Listen to him	Listen and encourage to go to doctors
Listen	Listen/advise help
I would talk about these signs and give him support and try to signpost John to an organisation that could help or to his doctor who is qualified to help	Ask him questions about how he is feeling. Ask if there is a history of mental health issues in family and send to doctor
I would listen to what he has to say and ask how I could support him further potentially exploring more qualified support mechanisms	I would listen to him and then encourage him to seek further support e.g. a Doctor, so a diagnosis could be made
Try and get him to talk about his feelings and encourage him to get professional help	Lend a listening ear and encourage him to speak to a professional
Suggest he see a doctor/psychologist. Support and provide a positive, reassuring environment	Provide stable, positive environment with support and reassurance
I would encourage him to talk	I would be able to advise him appropriately
Begin by talking to John and let him express how he feels	Talk to John and advise seeking professional help
Listen and not force my opinions of how he should feel onto him	Listen to him and suggest medical/clinical help
Be direct	Signpost him to correct professional help and talk
Offer support, try and get to root of problem, and refer to support agency/mental health team	Talk. Examine the problem. Suggest it could be depression. Refer to a medical specialist

Section 4: Results (continued...)



Baseline response	Post-training response
Try to point John in the right direction of a floating support provider	I would point him in the right direction of medical help
Encourage John to talk about it, ask him to find an activity he can find pleasure in	No post-test questionnaire
Sympathise, I'd give John opportunity to talk out his thoughts and get him to seek medical help	Tell him to seek help and that he will get better
Try and discuss any issues he feels may be causing these negative feelings	Ask him about his illness
No response	Talk to him
Listen. Encourage him to seek help	Encourage him to seek help
Talk to him. Try and find out the reason for his depression	Talk to him. Ask him to see his GP
I would listen to what he had to say and try and find out what the best help for him would be and encourage him to get help	Listen to John and encourage to seek help
Offer a listening ear, not judge and recommend he seek proper help either counselling or Doctor	Listen to him and suggest he seeks help
Talk, suggest he sees a GP, or try talking therapy/Cognitive behavioural therapy (CBT) with trained therapist	Talk to him and advise I have noticed changes, encourage him to visit GP/therapist. Keep contact and give support
Ask him if there was anything I could do to help encourage him to exercise	Tell him to seek support from friends and family, see a GP
Would let him tell me how he feels, point him in the direction of help (confidentially) - refer to agency or GP	Refer to GP or go with him to seek help
Listen to him, advise him on support available	Advise support, offer to accompany to doctors
I would sit down and try to talk with him, try and help him out	Help him, direct him to doctor, take him to counselling once diagnosed, talk to him
Would try and get him to talk to me about what was getting him down	I would suggest that he visit his GP
Comfort him help him get appropriate professional support	Signpost him
I would listen and acknowledge that his feelings/behaviour are not uncommon and would encourage him to talk/adopt CBT practices	Empathetically and with kindness and support
I would listen to what he has to say and hopefully try to get him professional help	Talk to him and get him to see professional help
Advise he seeks professional help - but offer own support and assurance	Listen and offer support - advise to attend GP
Openly talk to him	Talk to him - seek him the correct help



Baseline response	Post-training response
Offer direct emotional support but refer onto professional organisation. Talk about lifeline	Encourage him to go to the doctors
Have a kind word to let him know that I'm there for him and if he wants to talk	I would talk, listen and advise him to seek further support whilst reassuring him that things can better
Joke about it. Seek professional help	Talk. Reassure. Advise him to seek professional help
Listen, support, encourage	Listen - help contact professional help
No response provided	Listen, be helpful and positive. Direct to medical help if needed
Use my Assist training. Support him until professional help can be arranged	Help with signposting him and help him build resilience
Open to help step by step and guide him to the correct help	I would be as helpful as possible in a professional manner
Take John to a doctor or FASA	I would take him to his GP or MindWise

To determine whether there was a relationship between knowledge of mental health and intention to provide help to an individual, the MAKS total score for knowledge of mental health and the RIBS total score for intention to help were correlated, in two separate analyses at baseline and follow-up. There was a moderate statistically significant positive correlation at baseline suggesting that as knowledge of mental health increased intention to help was also high ($r = (132) .46, p < .001$). However when the same analysis was calculated post training a low positive correlation was present, the relationship was not significant ($r = (118) .16, p > .05$).



Section 4: Results (continued...)

Section D: Programme content, delivery and recommendations

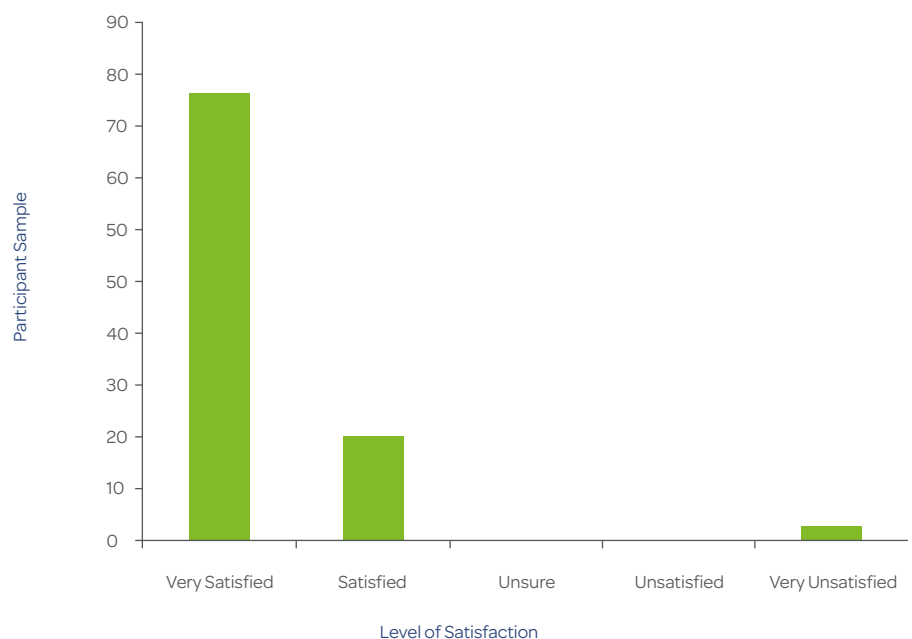
Participants were asked several questions relating to the delivery of the programme, see Table 3.

Table 3: Responses to content, quantity of material, training resources, teaching and delivery style

Question	Yes	No	Sample Size
Was the course content what you originally expected?	82%	18%	119
Was the level of the information covered in course pitched at the right level?	98%	2%	119
Was the quantity of information covered appropriate?	97%	3%	119
Did you find training resources easy to use?	98%	2%	119
Should any of the training resources be revised?	3%	97%	118
Should any of the training resources be removed?	0%	100%	117
Was the direct teaching method used effectively?	95%	5%	118
Was the group work facilitated effectively?	94%	6%	118

Participants were asked to rate their overall satisfaction with the training. The majority of participants were satisfied or very satisfied (n=110 (92%).

Figure 7: Overall level of participant satisfaction with the training programme





Participants were asked to make any comments they wished about the programme. These have been grouped under separate subheadings to illustrate the type of response:

What additional information participants would have liked to be included in the training?

“
Some more focus on teenage illness and how to help.”

“
Strategy to deal with disclosures.”

“
More information about how to help someone with a mental illness.”

“
None - good content. Good mix.”

“
More videos of sportspersons.”

“
More information surrounding mental health and sport.”

“
Want to know more about the illness and how to deal with and prevent it.”

“
Given the length of course it would have been difficult to include more.”

“
Mental health in children/young people and how to support them.”

“
If we had more time, maybe go into more detail about the condition.”

“
More sporting star stories.”

“
More types of mental illnesses/symptoms.”

“
Section on how to support someone you love/close to you.”

“
A bit more information on the process/steps to take when you feel someone is suffering from mental illness but not taking action to help themselves.”

“
Internet resources. Follow-up contact.”

“
Everything was covered to my expectations.”

“
More on symptoms and a leaflet to take away.”

“
More information on coping techniques and strategies.”

“
Problems experienced in the areas of West Belfast.”



Section 4: Results (continued...)

Additional comments participants added regarding mental health or the training?

“
I think that more should be done to help coaches, like myself, understand, identify and help those who could be suffering.”

“
Enjoyable course.”

“
I think it's crucial for anyone in a 'caring' profession e.g. teaching, coaching, or mentoring.”

“
I would like to see more training and awareness of mental health as I feel it is such a taboo subject and needs to be talked about more, so that people are not afraid to talk.”

“
More content around warning signs.”

“
I thought it would be more sport orientated, but it was still good and interesting.”

“
Some more multi-media resources would be good.”

“
I just think the group discussions are very beneficial to the presentation.”

“
Very interesting.”

“
Worthwhile. Presenter's own personal experience made the course very real. Thank you.”

“
Brilliant awareness of mental health. Made me more confident to talk about it.”

“
Perhaps if the course was to a group who knew each other well the discussion may be more open. I do think it was better for a small number of people, as I feel a large group may have made people feel uncomfortable to talk.”

“
Specific focus on children/young people.”

“
More interactive.”

“
Very well delivered overall. Thank you.”

“
Really enjoyable and informative. Would perhaps recommend some reading for participants before attending to ensure openness to learn.”

“
Stress the benefits of course, everything was excellent.”



Phase 2: Focus Group Findings

Taking a collective overview of the discussions gathered via the focus groups and interview there were a number of key themes which emerged which support the findings from the survey.

Participant expectations from the training

The participants agreed that the training was very enlightening; they had the view that they attended having no preconceived ideas of what to expect.

“*I came with an open mind, it was very enlightening...great depth and impact of mental health. Absolutely superb hearing the first-hand experience; mental health is not like a broken arm - a very humbling experience.*”

“*I came thinking that mental health sadly was just suicide. I was enlightened to know that there were other aspects of mental health; so for me it benefited me educationally, I hear about stress in life and I didn't associate this with mental health so for me it was educational.*”

“*Views about mental health were mainly suicide...we have suffered quite a lot and focused in on this. Suicide was a small amount of what we talked about.*”

“*Mental health is more prominent in this community with the legacy of the troubles and the realisation that sport has been a great asset, never seen this as being such a powerful tool for us.*”

“*I had a fair idea of what I was coming into - good to hear the anecdotes and mix of views on mental health. Have attended a number of mental health programmes on behalf of the club, PIPS.*”

Did the training meet your needs?

The training met the needs of the participants in most cases. For those more experienced in mental health awareness they would have liked more detail on how to further help a person beyond sign posting to services.

“*It was very in-depth - the trainer went through his personal experience. Good to know what to look out for.*”

“*It was good that he (trainer) shared his experience and that he had come out the other side, moved on to help other people.*”

“*Expecting him (trainer) to say he had a cure - he indicated it was an ongoing battle. Society has changed, there is more time now for people who have drug problems, alcohol problems, marital problems, and suicide issues.*”

“*It added value to the community group, it is essential to be as a group going to the training.*”



Section 4: Results (continued...)

Did the training add to knowledge?

There was a collective view that the understanding of what mental health is increased as a result of the training and went beyond only focusing on the act of suicide.

“
Added to what I knew. There is more emphasis on referrals. The club environment is important as they can identify a young person that might be going through something and signpost to someone within the club, GP or psychiatry team.”

“
Purely educational for me, very honest.”

“
Value because of the person delivering the training. Experience of mental health, not just from a notebook, it was a story.”

“
This was of benefit (referring to the training) as we didn't have preconceived ideas - not just suicide, but wider.”

The main learning outcomes from the training related to increasing knowledge and understanding of mental health, signposting a person to services if they experienced mental health problems, and next steps in terms of building a strategy for individual clubs. The question of who is responsible to promote mental health was discussed, it was felt that all had a responsibility (club, parents, athletes and coaches) and that governing bodies have to go beyond playing 'lip service' to mental health action in sport settings. Finally resources required to embed mental health education into the clubs was seen as a barrier and would require some discussion with governing bodies and local health and sport authorities.

“
My view is that the GBs need to buy into it. What they need are the resources for longer term which is difficult in this climate, but something in the same lines as a Safe Guarding Officer in the club, it should be as important to have a Health and Wellbeing Officer within the club.”

“
All clubs may not have the ability to have this - could be an umbrella joint up approach - not necessarily putting money into clubs but sitting down and having a chat across clubs.”

Participants recommended:

“
Three clubs side by side and three Parishes, and kids further afield, but it is that close link with youth and community groups and in the schools all coming together. Needs to be supported to do it.”

“
GBs - within their coach education.”

“
Could be an extension of the Level 1 or Level 2 Coaching Award, having mental health as an aspect for safeguarding. Or more than that, a Health and Wellbeing Committee with every county having a representative and action plan to address this. Antrim have 37 clubs in the area and there shouldn't be a problem getting eight or nine people around the table to discuss and do something about this and they could be on the awareness training with plans to secure resources.”



What could be added to the content of the Sport Northern Ireland Mood Matters Pilot Educational Programme?

“
Role plays and videos.”

“
More scenarios. Role play would be one way of developing this, a doctor, etc.”

“
Openness and honesty - the video of Neil Lennon shocked me with his honesty...brutal and mind blowing.”

“
The more people who get this training, the more people will have the confidence to seek help for themselves. Hope more will get it.”

“
I don't know, first experience, nothing to compare to.”

“
Other clubs to take this forward.”

“
There is a need for clubs to have a strategy about embedding mental health into workshops; help and guidance with this would be beneficial, because there is a lot unknown.”

Section 5: Discussion and Recommendations



It was evident from the survey that participants demonstrated an increase in knowledge and understanding of mental health after the training. When interpreted from the perspective of the TPB (Ajzen, 1985), an increase in knowledge and understanding can potentially lead to an increased likelihood to seek help and offer advice if someone is experiencing a mental health issue. As there was an increase in the likelihood to offer support to someone with a mental health issue from pre to post training, the intervention can be considered to have had a positive effect.

Participants highlighted the positive effect the training had upon their knowledge and understanding of mental health issues with one participant from the club focus group stating:

“*I came thinking that mental health sadly was just suicide. I was enlightened to know that there were other aspects of mental health, so for me it benefited me educationally. I often hear about stress in life and I didn't associate this with mental health, so for me it was educational.*”

Within the club specifically the training has had a positive influence with reference to the wider community. This was articulated by one of the coaches who has a dual role as the Club Community Development Officer:

“*More prominent in this community with the legacy of the troubles and the realisation that sport has been a great asset, never seen this as being such a powerful tool for us. I had a fair idea of what I was coming into - good to hear the anecdotes and mix of views. Have attended a number of mental health programmes on behalf of the club, PIPS.*”

The training being delivered in a club or community context has added value as the group can work through concerns of mental health issues together and have a common purpose. A group approach ensured there was a common understanding of what was needed for all within the club to have a positive impact in delivering the key messages regarding the signs and approaches to be taken towards mental health. The participants in the club setting all commented on the need for this to occur as it has the added value of all knowing and therefore club actions can take place. This is supported by a senior committee official when he stated:

“*Community group added value - it is essential to be a group going to the training. Going as an individual leaves it to an individual, so as a club we were looking at this from a club perspective for our young people, but for not just the players but all involved in the club - this brought the added value to it.*”

This was supported by another member of the club when he indicated:

“*Sports clubs give an ideal forum for the more in-depth training because the children and adults in this environment are very comfortable and we place a lot of emphasis on it with their team mates and their friends as well so they are in a group. The U10s are friends and they sit and chat to each other and then we have the parents coming in as well to discuss what we want to do in the long-term over the season. We want to make them better players... technical players, but mental health is important too, as their general health goes up and down so does mental health.*”



The participants were asked about the signposting within the workshop and it was clear there were aspects of signposting within it for the majority of participants; however this was considered to be an area that could be developed further. It was stated:

“

Signposting is one way. A lot of people have committed suicide and looking back you can see that they were troubled. Increasing the awareness of the signs - but it is different for everyone, like the flu it affects people differently. No panacea to it so it is good to have the help and support there. Our club environment is very lucky with the support we have... that hasn't stopped prominent GAA people going down that route.”

Another club member supported this when they said:

“

We are facing a lot of challenges within modern society, and with my own experiences within the club and my continued connection with the club we now discuss the academic pressures and indeed the pressures within the home and many parents who have a healthy upbringing. Whilst it is always there, it has just come to the surface. We still need to continue to be made aware and get the relevant training at the early stages of life – teenage years.”

Taken collectively, the findings from the survey and focus groups highlight that the Sport Northern Ireland Mood Matters Pilot Educational Programme was effective in increasing the likelihood of those involved in sport to seek support. What is required to achieve help seeking further is to consider the recommendation below.

Next steps and recommendations

Recommendations from the survey and participants involved in the workshop are:

1. There needs to be continued roll out of the workshops in club settings;
2. Tailoring of the workshop for parents, teenagers, National Governing Body;
3. Possible recognition of Mental Health within Level 1 and Level 2 of Coaching Awards similar to Safeguarding Young Children and Vulnerable Adults; and
4. Similar process as for Safeguarding Awareness Raising and a designated officer training - Health and Wellbeing Officer within clubs.



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Section 7: Technical Appendices

Appendix 1

Mental health and wellbeing in sport declaration

Sport Northern Ireland, the Public Health Agency, DCAL and the Governing Bodies of Sport are working together to highlight the importance of sport in promoting good mental health.

1. As a sporting body, we

commit to help spread awareness of mental health and wellbeing issues amongst our members and our supporters to the best of our ability.

2. We will work towards an open and supportive atmosphere within the organisation where all staff, coaches, players, volunteers and members feel they can raise or discuss the issue of mental wellbeing.

3. We will endeavour to utilise all means at our disposal, such as:

- Communication with clubs and members via websites and fixtures;
- Distribution of media materials; and
- Display of merchandise and literature at club facilities.

4. We will work with Sport Northern Ireland and the Public Health Agency to review the outcomes and recommendations for further progress.

Signed:

Date:



Appendix 2

Participant information sheet

Introduction

You are invited to participate in a research project which will examine the effects of receiving training in the Sport Northern Ireland Mood Matters Pilot Educational Programme on your knowledge and understanding of mental health.

What?

As a participant you will be asked to complete a questionnaire on two occasions and join a focus group. This will be led by Ulster University researchers who will ask you about your experience on the programme.

Where?

The focus groups will take place at Sport Northern Ireland headquarters on the Malone Road, Belfast.

When?

You will be notified as to the date and time of the focus group by Sport Northern Ireland.

What should I bring?

Everything needed for the focus group will be supplied on the day.



Participant consent form

Consent to participate in a research study

Title of Study:

Mental Health and Wellbeing in Sport: A Pilot Programme

Name: Dr Gavin Breslin

Dept: Sport and Exercise Science Research Institute

Name: Tandy Haughey

Dept: Sport and Exercise Science Research Institute

Introduction

- You are being asked to be in a research study evaluating the Sport Northern Ireland Mood Matters Pilot Educational Programme.
- You were selected as a possible participant because you were selected by your club.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of study

- The purpose of the study is to examine whether the programme increases your knowledge and understanding of mental health, stigma and help seeking.
- Ultimately, this research will be part of a published article for Sport Northern Ireland and the Ulster University.

Description of the study procedures

- If you agree to be in this study, you will be asked to do the following things:
 - Participate in a survey on two occasions and be part of a focus group;
 - Discuss issues, thoughts and ideas openly and honestly; and
 - Listen to others' views.

Risks/discomforts of being in this study

- There are no reasonable foreseeable risks with this study.

Benefits of being in the study

- The benefits of participation is your contribution to what is currently known about mental health awareness and promotion in sport.

Confidentiality

- Your identity will not be disclosed in the material that is published.

Payments

- There will be no payment for this research. The outcomes of the research will be available to Sport Northern Ireland.

Right to refuse or withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study or Ulster University. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the survey or focus group at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Right to ask questions and report concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Dr Gavin Breslin at g.breslin1@ulster.ac.uk. If you like, a summary of the results of the study will be sent to you.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

Subject's Name (print):

Subject's Signature:

Date:

Investigator's Signature:

Date:



Appendix 3

Response to what participants wanted from the training

"i) Have a better understanding of mental health and the range of issues; ii) be able to feedback to the rest of my team; and iii) promote the importance of raising awareness."

"i) A fundamental understanding of mental health so I can inform and/or advise others; ii) promote awareness and understanding; and iii) as above, plus gain more support to address any issues within our club/association and community regarding lack of awareness or understanding."

"i), ii) and iii) To understand mental health better and to recognise the signs and know how to help."

"i) To understand mental illness; and ii) to give anything I learn to my work environment."

"i) Better understanding of mental health issues; ii) and iii) to help others."

"i) I have an understanding of mental health experiences but want to develop more; ii) and iii) to help the community and the youth of today to help with pressure."

"i) and ii) Improved knowledge and ability to get affected people to seek advice; and iii) be aware of early signs and assist where appropriate."

"i) Be more aware of the early warning signs of mental illness; ii) and iii) being able to support young people and help them reach their full potential."

"i), ii) and iii) An understanding of how to help someone who is suffering from mental illness, or to be able to identify someone who may be."

"i), ii) and iii) Better understanding of mental health."

"i), ii) and iii) An understanding of mental illness and what to do if a person is 'unwell' mentally."

"i) More knowledge on types/signs of mental illness and how to help; ii) more knowledge, better understanding of who to contact/how to help; and iii) how to identify key signs of mental illness and how to help."

"i) More knowledge; recognise signs; informed actions to assist; ii) and iii) opportunity to assist someone."

"i) A better understanding of mental health problems and how best to help; ii) and iii) as young people grow up they may be faced with an issue around the area of mental health. I would like to be able to support them and to support the children of families who are faced with a mental health issue."

"i) Knowledge on mental health signs to pick up on; ii) as a PGCE student - to help students/pupils I may teach in future; and iii) how to provide support to any friends, family or neighbour who may have a mental illness."

"i) To have an increased awareness of mental health issues and be able to help those suffering; ii) to create a policy to deal with such situations effectively; and iii) increased awareness and confidence to deal with mental health issues."

"i) Gain more knowledge about mental health problems and how you can help someone with a mental health problem; ii) and iii) share knowledge on mental health problems and how they can be tackled."

"i) Knowledge of what to do if someone has mental health issues; ii) raise awareness to notice if someone is suffering with a mental illness; and iii) raise awareness."

"i) Better understanding how to deal with mental health issue; ii) better understanding as a whole; and iii) help people in the community understand and help anyone with mental health issues."

"i) Greater knowledge of mental health issues and relationship to sport; ii) and iii) how it may impact on school/young people you work with. Basketball - any way it influences participating/coaching"

"i) Greater awareness of mental illness and how to respond/provide support; ii) greater knowledge and direction for advice as we are dealing with vulnerable young people; and iii) greater awareness as mentioned as a whole to highlight the importance of mental illnesses, especially for the individual who suffers most."

"i) A clearer understanding or information that is available in relation to mental health issues; ii) and iii) how to signpost people to get the right help to deal with mental health issues."

"i) ii) and iii) Greater confidence in identifying mental health problems and taking the appropriate actions to deal with situations that may arise."



"i) Gain more knowledge in current mental health issues and how to address them; ii) more knowledge for the club and how sport can positively tackle mental health issues; and iii) gain further information as to how to address these issues."

"i) More knowledge and awareness of mental health issues; ii) more knowledge for the club; and iii) gain future info as to how to address these issues."

"i) An insight into mental health; ii) an awareness/understanding; and iii) support."

"i) Be more aware of the conditions/signs of a person struggling with a mental health problem. Be more educated; ii) and iii) awareness/signs. What we can do to help."

"i) Better knowledge of what mental illness is and how to help someone who is suffering; ii) identify where this training could be of use within the organisation - however can promote learning; and iii) promote learning through clubs/workshops."

"i) To gain a better understanding of mental health issues so that I am in a position to offer advice if needed; ii) so that when recommending the course I can highlight benefits; and iii) because of my volunteer work, I am hoping that this course will give me the knowledge to deal with issues."

"i) Knowledge of range of support service available for mental health issues; ii) how my sport can offer support through sporting activities; and iii) everyone should have an awareness of mental health and be aware of the mistruths surrounding it. The more we know the less of a stigma there is associated with it."

"i) Knowledge/better understanding of how to deal/treat people; ii) be more open to children coming into the club; and iii) maybe open up a club/group to help people see they aren't alone."

"i) and ii) More awareness of exactly what defines mental health and how can help others with mental health; and iii) help people in the community with mental health problems."

"i) Be more educated; ii) and iii) be equipped to deal and help people with mental health issues."

"i) Gain a better understanding of mental health and organisations associated with it; ii) help others become more aware; and iii) help raise awareness, show places to go."

"i) To learn more about mental illness; ii) to be more aware of how to deal with it; and iii) best way to deal with it and educate."

"i) How to deal with mental illness and also how to support/guide someone with mental illness; ii) support the young people we work with who have mental health issues; and iii) give support and guidance to those around me."

"i) Give me more information on mental health so that I could signpost someone on if they need help; ii) to bring back information to coaches, parents and all those involved with the club; and iii) bring back information to the community."

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www.sportni.net

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Sport Northern Ireland
House of Sport
2a Upper Malone Road
Belfast BT9 5LA

T: (028) 9038 1222
E: info@sportni.net
W: www.sportni.net



Northern Ireland
Executive
www.northernireland.gov.uk



Department of
Culture, Arts
and Leisure
www.dcalni.gov.uk



Public Health
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