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“Opening up about my mental health was the best thing I did; it started my recovery from being at rock bottom.

“My mental health is just as important as my physical health and I now take part in the necessary therapies to keep mental health on track, just like I do with my physical health by going to the gym.

“Refereeing has been vital for me. When I was at my lowest it gave me a focus, being amongst fellow colleagues also helps lift me and running around a pitch for 90 minutes gives me the ultimate buzz.

“The level of support I have received from the FA and in particular Chris Kay has been first class and I will be forever grateful for this.”

Gareth Myers, Level 3 Referee



TIPS ON HAVING A CONVERSATION ABOUT SOMEONE'S MENTAL HEALTH

If you are supporting a referee, here are some general tips on the above subject:

IF YOU ARE CONCERNED ABOUT A REFEREE'S MENTAL HEALTH AND WANT TO TALK TO THEM ABOUT IT BUT ARE UNSURE WHAT TO SAY YOU COULD TRY:

- Asking them to have a chat over a cup of tea about how they are doing;
- Talking to them about how the activity of refereeing can positively affect their wellbeing.

OTHER IDEAS TO GET THE CONVERSATION STARTED INCLUDE:

- Finding out what the referee does to unwind on a tough day;
- Thank the referee for something they've done for you or the team/club;
- Simply saying how you're feeling today and something that's made you smile.

When the conversation starts, actively listen to the referee by giving them your undivided attention. Try to leave any questions or comments you may have until they have finished so you don't interrupt them.

Once they know they are being given the space and time to talk, they are more likely to open up.

If a referee approaches you wanting to talk, it may not be possible for you to give them the time they need there and then. You should show them you recognise that they have taken a positive step by speaking to you, explain why you cannot talk now and arrange a better time to have the conversation.

If a referee is in urgent need of help you should always signpost them to support (see **page 12**). Reflect back actual words they have used, as this can encourage them to open up more.



DURING THE CONVERSATION:

- Use empathic statements such as: "I appreciate this must be difficult for you...";
- Avoid clichés. Comments like "Pull yourself together" or "You're just having a bad day" are not helpful;
- Remind them that mental health problems are more common than people think and can affect anyone at any time;
- Avoid asking too many questions, especially questions that only require a 'yes' or 'no' answer, or that begin with the word 'why.' Ask open questions to invite a more detailed response, for example:
 - Tell me, how are you feeling?
 - How do you look after yourself?
 - What support do you have in place?
- Reassure them that it is positive they want to talk about their experience, what's happening with them, or that they are looking for support (if this is the case);
- The important thing is to listen, rather than give advice, the individual needs to be able to act for themselves. Signpost the individual to sources of support, rather than telling them what you think is best.

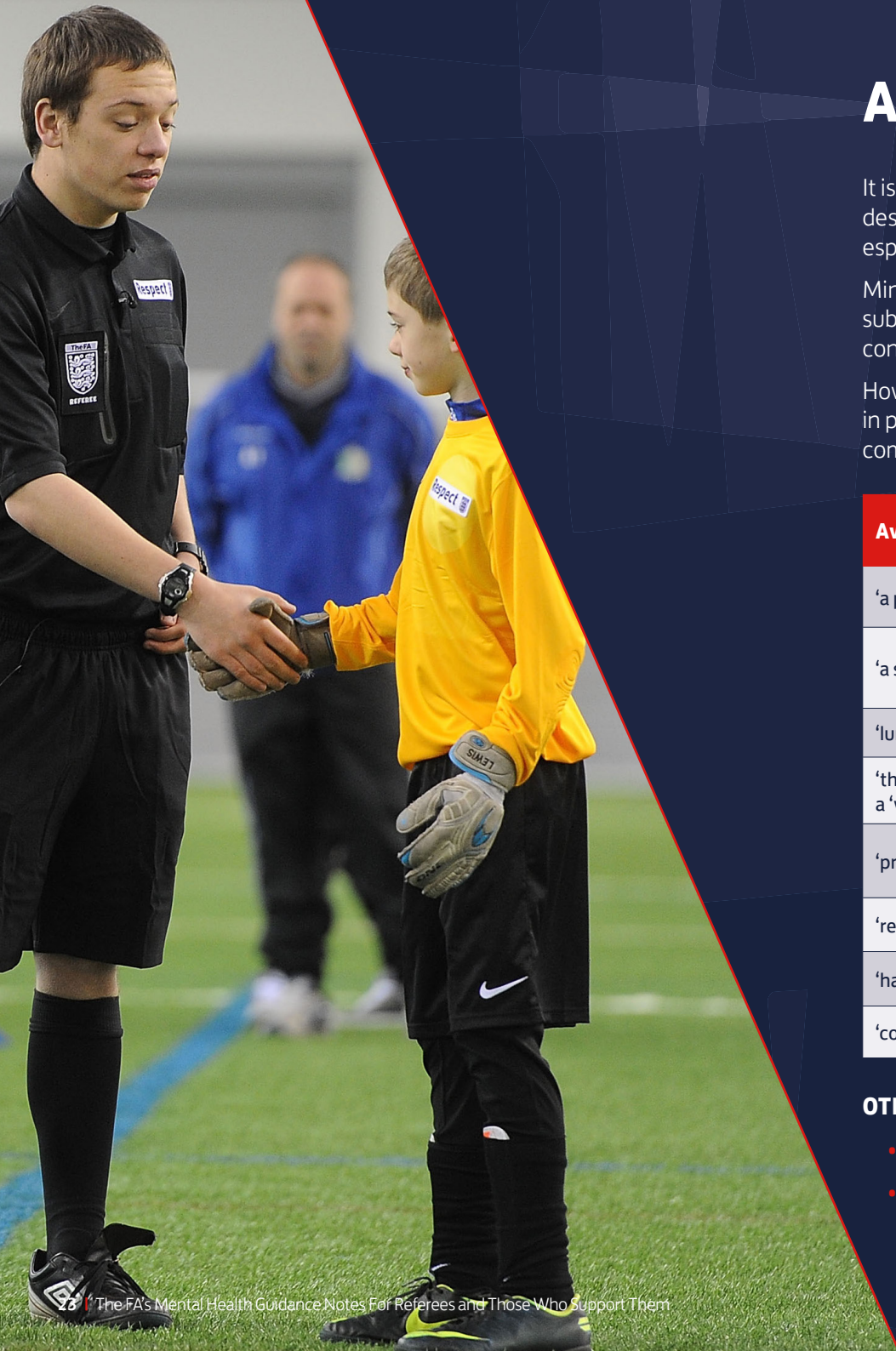
CLOSING THE CONVERSATION:

- Sometimes conversations will come to a natural end. However, if this does not happen, give the referee a gentle indication that the conversation needs to come to an end. You could say something like: "It's been good to talk, we've covered a lot and we will have to wrap up soon because I have to start...."
- Summarise your conversation and anything you have both agreed to do. For example: "You have told me that you are going to speak to your GP about how you are feeling."
- Ask practical questions such as "Is there going to be someone there when you get home?" or "Is there a friend you can go and see?"
- Remember offering a 'listening ear' and showing your acceptance, warmth and regard will go a long way to help someone. It may not be possible to get a clear idea of the next steps the referee will take as a result of talking to you. Ending the conversation by inviting them to take some time to reflect on what has been discussed and to consider what they may want to do going forward could be the best way to bring the conversation to a close, especially if you feel there is nothing more you can say at that time.
- Naturally, then keep an eye on the referee and ask them how they're doing next time you see them.

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“Through our Coping Through Football and the recent Evaluation Report, we have learned how football can be a force for good in transforming and in some cases actually saving lives. Used in the right way, it can help those with mental health problems to get their lives back on track by improving physical health, restoring confidence and self-esteem and reinvigorating social skills. For many, it has been a magic pill that has reconnected them with a pre-illness identity and set them on the road to recovery.”

Alex Welsh, Chief Executive, London Playing Fields Foundation



ACCEPTABLE LANGUAGE

It is important that your language is as inclusive as possible. People have different ways of describing their own mental health and it is important that, where possible, you follow their lead, especially when communicating one to one.

Mind advises using the phrase 'mental health problems' when talking generally about the subject, although some people and organisations prefer to use the terms 'mental health conditions' or 'mental illness'.

However, certain language can cause offence and may be inaccurate when used in news stories, in publications, posters and fliers, documents or in everyday discussions. Here are the most common, as well as some alternative suggestions.

Avoid using:	Instead try:
'a psycho' or 'a schizo'	'a person who has experienced psychosis' or 'a person who has schizophrenia'
'a schizophrenic' or 'a depressive'	someone who 'has a diagnosis of' is 'currently experiencing' or is being treated for 'schizophrenia or depression'
'lunatic', 'nutter', 'unhinged', 'maniac', 'mad'	'a person with a mental health problem'
'the mentally ill', 'a person suffering from' 'a sufferer' a 'victim' or 'the afflicted'	'mental health patients' or 'people with mental health problems'
'prisoners' or 'inmates' (in a psychiatric hospital)	'patients', 'service users' or 'clients'
'released' (from a hospital)	'discharged'
'happy pills'	'antidepressants', 'medication' or 'prescription drugs'
'committed suicide'	'took their own life' or 'completed suicide'.

OTHER COMMON MISTAKES:

- 'Schizophrenic' or 'bipolar' should not be used to mean 'two minds' or a 'split personality';
- Somebody who is angry is not 'psychotic'.