

time to change

let's end mental health discrimination



Delivering a football and mental health project

A best practice guide for running new projects



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Introduction



Time to Change is a campaign led by the charities **Mind and Rethink Mental Illness. We aim to end the discrimination that people with mental health problems face.**

Since 2010, Time to Change has been working with the Premier League and Sport Relief to run football and mental health projects in 16 Premier League clubs, under the Imagine Your Goals scheme. We are also working with other organisations, including the Football Association, to make sport accessible to people with mental health problems. This toolkit contains many useful learnings from those projects and from other successful sport and mental health initiatives.

One in four people will experience a mental health problem in any year. People with mental health problems should have access to the same mainstream activities (in healthcare, employment, arts and sport) as anyone else. **However, some people with mental health problems may benefit from the provision of sports projects specifically designed for them.** This toolkit is aimed at people who are about to deliver a football and mental health project, who may be employed in the statutory or voluntary sector, or in a football club or other sports organisations. You may be interested in the parallel guide, aimed at people who will set up the project. Both toolkits are available on the Football Association website, under Equality / Mental Health.

Physical activity is included in the best practice treatment of some mental health conditions - for example depression. However, sport and mental health projects can also deliver powerful outcomes linked to physical health. People with mental health problems are significantly more likely to be obese, have greater risk of cardiovascular disease, respiratory disease and

diabetes, and are less likely to get appropriate medical care for physical problems. Due to poor physical health the life expectancy for a person with schizophrenia is typically 10 years less than someone without it. Sports projects can help tackle this inequality - through improvements in physical fitness and through enabling access to other health services.

Sports and mental health projects also provide a safe context for social interaction - this can be vital in helping recovery from mental health problems. Many participants in existing sports and mental health projects feel that this is the most positive health intervention that they've had. **Put simply, sports and mental health projects have the power to save and change lives through physical activity and social inclusion.**

Hopefully this guide will help get your project up and running more quickly, delivering real benefits to people with mental health problems.

Joe Nickel
Sport and Mental Health Project Officer
Time to Change



You can see self esteem and confidence rising; you see the difference it makes in people's lives. Personally it's the best project I've ever worked on.

Terry Peart, coach,
Charlton Athletic Community Trust



Attracting participants and removing barriers to attendance



You can't just advertise to get people to attend your project - you need to get out there and talk to potential participants, and work with services that might refer their service users. You can't rely on the brand name of your club, the fact that you have great facilities, or high quality coaches. Arsenal, Everton and Leyton Orient all found it took several weeks before sessions filled up. Here are some tips you can use to get people to your project.

Before your project starts, visit day centres, hospitals and other places where service users are. To reduce anxiety and encourage attendance, there can be benefits in saying: 'Hello, I'm your coach. This is what we'll be doing, this is the venue, don't worry about fitness, we'll aim to start at Xpm, be on time if you can'. Meeting participants before the project kicks off should also make the first sessions run more smoothly, and allay any concerns that you might have.

Transport can be a significant source of anxiety to people with mental health problems, and a key barrier to attendance.

The project lead on Leyton Orient's Coping Through Football noted that 'service users would get up with the intention of attending, but would find travel obstacles too large, would not be able to leave the house, would not be able to join public transport, or not make it through the doors of the venue.'

It can be useful to collect people from set pick up points.

This can remove much of the difficulty in travel and encourages attendance, but requires some independence of participants. This makes it easier for them to manage their own transport later on.

Scheduling sessions

Afternoon sessions work best. Medication can cause significant side effects - these are often worse in the morning.

Run sessions on weekdays rather than weekends. The sessions break the week up and give participants something to do while family and friends may be working.

Keep the session days and times consistent. Often it takes a tremendous effort to attend sessions and if people arrive to find a cancelled or rescheduled session it can cause distress. If possible, sessions should be scheduled at the same time, on the same days, at the same venue from the start of the scheme. If sessions do change, consider making a special effort to support participants, particularly if the location changes and different travel arrangements will be required.

“ Physical activity is effective in the treatment of clinical depression, and can be as successful as psychotherapy or medication, particularly in the long term.

Chief Medical Officer, 2004

”



Coaching tips



TOP TIP:

Try to get participants enthused and motivated early in the session; give plenty of encouragement during the warm up so that the whole session starts with a positive feeling. Relating exercises and skills to professional football can help encourage players.

It's important for coaches to be professional, but also for coaches to look professional, such as wearing tracksuits with the club's branding. This makes participants feel valued. At Coping Through Football the fact that the coach has a Leyton Orient tracksuit gives the project credibility in the eyes of participants.

Introducing new participants

Coaches should introduce themselves to all new participants upon arrival. Don't assume that people will have the confidence to introduce themselves or start a conversation.

Make others within the session aware that a new participant is present so that they can do the same. Have patience and allow people to engage themselves at their own pace, don't try to speed things up.

It's really helpful for participants to learn each others names early in their sessions. This will help them communicate more effectively during matches, increasing social interaction and making them more comfortable in the project. To facilitate this, you should use participants' names whenever possible.

If your project has multiple coaches, it may be worth ensuring that one coach stays near the venue entrance for the first part of the session, greeting newcomers. Participants who are late might be anxious, and reassurance on arrival can be extremely helpful. It may also be some time before new participants are able to join in full sessions, and coaches not involved in delivering the main training can **help make them feel welcome** and get acclimatised.

How to handle illness during sessions

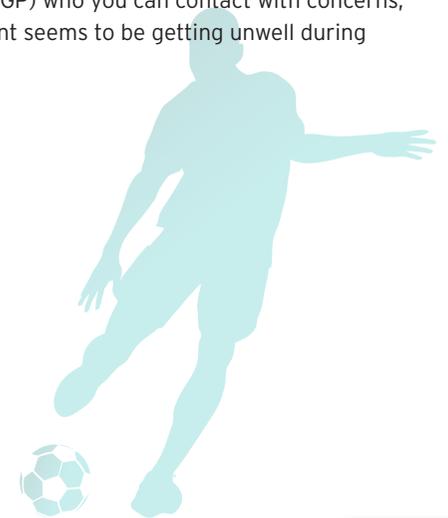
Hopefully, this won't be experienced. However, it's important that you're prepared just in case.

Prepare procedures to cover illness during sessions, including who to contact. Where appropriate, individuals can let the group know what support they might need in a crisis or when distressed.

Make sure group members know that if they are in a 'bad space' they **can just come along** and 'be' in the group if that helps them.

Appoint deputies and let them know how to access papers, petty cash and keys so the session can carry on if someone becomes unwell and needs to leave the session for a while.

It can be useful if you get a point of contact for participants (eg care workers or GP) who you can contact with concerns, for example if a client seems to be getting unwell during a session.



Content of the sessions



Most successful projects follow a similar, traditional format; gentle warm up activities and games, followed by stretching if required, before more intensive games or skills sessions, and finishing with a competitive element.

Don't be frightened of varying this approach if you think something else will be more effective within a group. However, it's best to avoid changing the format regularly - the stability of a familiar format will often be reassuring to participants, and not knowing what to expect may cause anxiety and reduce attendance in the longer term.

When established, more experienced participants can suggest or lead warm up games. Asking participants to suggest stretches can be a way to get them involved and relieve initial anxieties. However, be careful not to ask anyone to contribute if they appear unhappy about speaking in a group situation.

Sessions normally conclude with short games. Fitness levels can often vary significantly in participants with mental health problems. As a result, games are often best structured in mini-tournaments, so that teams play two short games and then rest for a game or two. Alternatively, try breaking games into quarters, separated by a short rest period.

These are only ideas - don't be frightened to experiment or try new things. Just remember to be inclusive!

Coaches should use their expertise to adapt training sessions and games where appropriate. This is something that coaches should be confident in doing - activities will

routinely be changed for someone carrying an injury, beginners or younger / older participants. Coaches should be happy to make allowances for athletes' mental health, in order to allow them to participate exactly as they would a physical health condition or disability. **Coaches don't need to be experts in mental health to help people.**

Multi-sports projects

A mix of sports can help in getting participants from a wide range of backgrounds, and female participants in particular. Charlton Athletic deliver projects in partnership with Kent & Medway NHS Trust. These projects employ a wide range of activities, including archery, basketball, bowls, climbing, cricket, fencing, dance, golf, rowing, rugby and tennis.

Charlton have brought in coaches from other sports for these activities, for example from the Kent County Cricket Association. This use of expert coaches gives the overall scheme greater credibility with participants. Some occasional non-sport activities, (such as DJ workshops or theatre visits) can also ensure the project appeals to a broad range of people.

It's important not to be too prescriptive in your approach because of undue focus on delivering outcomes. While outcomes are important, the most success can be derived from letting projects evolve around the needs of the people using it.



Making training inclusive



You may need to change your normal warm ups, drills and games so that they are more appropriate for participants with mental health problems.

Adjustments you may need to make will depend on the athlete, their health situation at any particular time, and how open they are willing to be about their diagnosis.

The implications of side effects (either of mental health problems or medication) will differ between activities and situations. For example, some anti-psychotic medication causes shaking. This may be more of a problem for a player about to take a penalty than during the normal course of a game.

Some anti-psychotic medications increase the skin's sensitivity to sunlight - when training outside it can be useful to remind players to use sun cream, or even for the project to provide it.

Athletes may need amendments to enable them to participate, such as reassurance about the skill level required, or assistance with transport - particularly when getting to new places. Public transport can be particularly stressful. These adjustments may become less necessary as symptoms hopefully recede over time.

Be prepared to provide alternatives for athletes who are not comfortable within team or group situations and exercises - such as individual skill tests.



Patients of all ages should be advised of the benefits of following a structured and supervised exercise programme.

National Institute For Clinical Excellence on depression



Get feedback!

Get feedback from participants; what works and what doesn't? If your project is multi-sport, what do they want to do? Are there any activities that don't work for them? Other coaching staff, including volunteers, should also be provided with the opportunity to voice their opinions on the project.

TOP TIP:

In other work, coaches might be assertive in their approach when dealing with poor attendance or poor performance - this is unlikely to be appropriate in mental health projects.



Tips for successful communication

You might find the tips below helpful, particularly if you haven't worked in a mental health project before.

Always refer to participants as 'players' and not 'service users' or 'clients'. They will often look forward to football to get away from their health situation and the medical profession; it's an opportunity for them to express themselves through sport, an opportunity to be normal people within a community. Although the project will hopefully be an important part of their recovery, it should be seen as separate to any medical interventions and the label of being a service user should not apply.

Talking about mental health

You should be open to discussing mental health, in the same way you would a cruciate injury or an Achilles tear. Language can be tricky - some people will be happy to refer to their depression or schizophrenia. Others may just talk about a period of being 'unwell'. It's best to find out what people call their problem and use their language. Be aware that not everyone with mental health problems will be comfortable in discussing them, and you should respect their views.

Looking after your own wellbeing

Be aware of your own feelings and seek support if needed. Fellow coaches, your governing body or coaching organisations may be able to provide advice. You should also ensure that other coaches and volunteers are aware of how to seek help if required. The organisations listed on the back page will be happy to provide you with additional support. There is lots of help available if required.

Communication from coach to player

Verbal communication from coach to player and between players is key to the success of the sessions.

Communication from coach to player should be positive at all times, praising efforts as well as success. Even the smallest success or effort should be acknowledged.

The Institute of Psychiatry at King's College London evaluated the Start Again Project in Birmingham, a scheme providing football, netball and badminton. They identified best practice in giving feedback to participants, combining praise with suggestions for improvement. One Start Again coach explained: **"I tend to use a soccer sandwich, where you give a praise, and then maybe if there's a challenge that they need to address, like passing the ball - if they're not quite doing it right, you could say, 'good pass, maybe you should try doing this next, but it was a great pass, great free ball.' But just sandwich the challenge with two positives."** This can ensure that feedback is received in a positive light.



TOP TIP:

Remember that some people are motivated by competition, others will find it threatening - this is particularly important during mental health work.

Extract from Start Again Report 1, by Dr Martin Webber and David Ansari, March 2011



Links with health agencies & other projects

Linking up with NHS Trusts, GP consortia and other health projects can provide benefits for your project and participants



Involving care workers

At many successful projects, significant effort has been invested in selling the benefits of the project to senior managers in mental health services - in particular NHS mental health teams. Staff are invited to bring clients to projects, and they can both participate. This breaks down barriers between staff and clients, as their relationship on the pitch is as equals. Also it's a non-medical environment, with a shared interest and activity. This can significantly improve the quality of relationship between care worker and client.

There's much more detail on the advantages and disadvantages of formal referral processes in the parallel Time to Change guide, aimed at people who may commission projects. This is available on the Football Association website, under Equality / Mental Health.

Even when projects are up and running, it's possible to develop and improve links with NHS mental health services to help promote the project. And it may be that managers who were initially sceptical of planned benefits can be persuaded by outcomes being delivered in real life.

Links with other health projects

You should try to avoid mental health content in the sessions - the most successful projects focus on delivering physical activity and social inclusion. Mental health improvements will come naturally with the delivery of sessions.

Other health messages can be delivered before or after sessions. At Everton, partners from other services have delivered informal talks before or after sessions. In this way support is available to participants who might want it - but it's voluntary, separate to the football project, and doesn't put off anyone who isn't interested. Talks at Everton have included smoking cessation, cancer awareness, drug and alcohol services and sexual health awareness. Project participants

have then successfully accessed services. This approach can also be used to signpost participants to projects that focus on education, training, employment and volunteering.

At the Start Again project in Birmingham, health advisors attend sessions and measure players' body mass index, and for participants who smoke, their carbon monoxide levels. This is carried out at intervals during the project. Participants get feedback, so they can see improvements in their physical health. Advisors also provide referrals to other services, provide advice on nutrition, training and additional opportunities to get involved in sport*.

“ This is one of the biggest things that the whole mental health system has provided, not the psychiatry visits, and the Care Co-ordinators are great, but this is like - 'wow!' ”

Sophia, participant in Charlton Athletic's programme for young adults at risk of psychosis

*Best practice identified by the Institute of Psychiatry at King's College London - from Start Again Report 1, by Dr Martin Webber and David Ansari, March 2011

Marketing and promoting the project



Promoting your project can help raise the profile of your work, attracting new partner organisations and new participants. Getting the topic out in the open can also help reduce the stigma around mental health.

Everton have an annual match day event based around World Mental Health Day on 10th October, with all project participants invited to the game - in 2010 against Manchester United. Participants were invited pitchside and many paraded on the pitch at half time. They were introduced by the announcer, and carried a banner promoting the project. The group received a standing ovation round the entire ground - including from the away fans. The event was accompanied with local press coverage - raising awareness of mental health stigma.

Projects have also found that the message can get lost on match days - too much attention is focused on the game to effectively communicate messages around mental health. The press has less space to cover issues as they're reporting on the game. Match day activities are perhaps best completed as a part of a wider communications strategy, building on work before and after a game. This all assumes that the project is large and well-resourced enough to devote time to communications - smaller projects may need to focus on delivery.

Using other organisations to promote the project

Promotion from mental health trusts and care coordinators can be extremely useful. Magazines and newspapers may get the message out to a wider range of people, but some people, when they are ill, don't or can't look at papers. Publicising a league, including free football and fun activities, might be helpful but competitions may be too stressful for some.

It may be worth investing time with some partners to dispel the myths, stigma and discrimination around mental health. For example, within the leisure industry there are often negative perceptions of people with mental health problems. This can include the perception that service users are prone to violence.

Effort should be invested where necessary into reassuring partners that problems involving violence are extremely unlikely. Statistically, people with mental health problems are no more likely to be violent than others. In fact they are more likely to be a victim of violence than someone without a mental health problem.



Developing the project



Coaching qualifications for participants

Participants can be encouraged to work towards coaching qualifications. This can provide a positive goal to focus on, and achievement can boost self esteem and self confidence. For some participants, a coaching badge can be the only formal qualification they have. It can also provide real benefits to the project. Having more qualified coaches can mean that a project can expand and help many more people. It can also be a route into mainstream sport, with project participants providing coaching in grassroots clubs.

At Everton, more than 80 participants obtained FA Level 1 coaching qualifications, with some progressing into Level 2.

If your project is well funded, or already established and successful, you can look to help participants in other ways. This section deals with three possible areas - offering coaching qualifications for participants, wider support and assistance and personal goals plans.

Many now deliver training to grassroots clubs or work professionally in the sport and leisure industry.

Jason gained Level 1 and Level 2 qualifications as a participant at the Coping Through Football scheme. He left the project as he recovered, and is now employed by Arsenal as lead coach on their Imagine Your Goals project.

The Level 1 qualification may be too challenging for some participants. Winning Ways is a pre-Level 1 course, specifically designed for people with mental health problems. It has been endorsed by the Birmingham County FA. For costs and more details, see www.stepup2winningways.com, or contact info@start-again.co.uk.

Assisting with problems outside of the project

At Manchester City's Imagine Your Goals project, the lead coach spends some time helping to resolve causes of anxiety for participants. This may include helping asylum seekers with housing difficulties or supporting people with benefits problems.

This is part of a process of normalising problems; trying to make issues surmountable rather than the cause of significant stress and anxiety.

Before expanding into this area, project leads should ensure that they have people with enough time and an appropriate skill set to deliver this kind of work in the long term. Trying to offer additional support, then finding it too difficult

and withdrawing the service is likely to cause more problems than it solves!

Personal goals plans

Developing personal goal plans with participants may be a way to successfully expand a project and deliver additional benefits. Coping Through Football and the Start Again Project have found personal goal plans extremely useful in helping participants develop self confidence, increase social engagement and improve their mental health

Goals may be to improve fitness, make friends, stop smoking, reduce drug use, apply for a college course, draft a CV or start looking for employment or voluntary work. Plans should be reviewed regularly, perhaps every two to three months.

You should take care that participants don't feel under pressure, either to start a plan, or because of overly ambitious targets.

You'll have more success if you break goals down and make them more achievable. So rather than 'Get a job', the first goal might be 'Draft a CV', followed by 'Identify places to look for jobs'. Support in meeting goals may be available from local services such as Mind Associations or Rethink branches. There are guides to work and employment rights on the Time to Change and Rethink websites. The Richmond Fellowship offers one to one sessions with Employment Advisors, and The Richmond Fellowship and Shaw Trust can assist with pre-work support.

You may find it useful to discuss the introduction of goals plans in advance with care workers. However, you should be careful to respect participants' confidentiality.

Benefits of sport and physical activity projects

Benefits identified by participants

Social

- Socialising and getting to know people
- Gaining a sense of belonging
- Taking your mind away from things
- Meeting people who notice if you look down
- Meeting people who understand your position
- Talking about your problems
- Seeing other people's recovery

Mental health and wellbeing

- Developing a positive mental attitude
- Gaining a sense of achievement
- Getting a boost to your confidence
- Doing something you enjoy
- Mental benefits of endorphins and adrenaline

Physical health

- Increased physical and mental fitness
- Lowered cholesterol and blood pressure
- Decreased appetite
- Weight loss - which often can be dramatic
- Stopping smoking, reducing alcohol and drug use

Identified by Time to Change focus group for attendees of football and mental health projects (2011).



Reducing smoking and drug use

Do not allow smoking on the pitch. Participants can smoke before or after sessions, or during breaks, but it should generally be discouraged. If people have to smoke, ask them to leave the pitch.

Sometimes people with mental health problems will help manage their conditions ('self-medicate') through the use of alcohol or illegal drugs. Sport can have a role to play here in helping reduce this.

A participant at one London-based project told his occupational therapist that he was reducing his smoking of crack cocaine, so that he could get fitter for football. While it's sad that the participant was a regular crack user, drugs use is a reality for some people and reducing usage was a fantastic outcome for the project.

Research for the 2010 project evaluation of Coping Through Football found that

"84% of clients with reported drug and alcohol problems have used the project to either remain clean or reduce their consumption".

One successful project encountered issues with participants smoking cannabis outside the venue before sessions. This caused difficulties for venue staff and other users of the facility. The participants were extremely anxious about taking part in the project, and the drugs were used as a tool to manage that anxiety.

The head coach explained to venue staff that smoking cannabis can sometimes be part of the lifestyle of mental health service users. Participants were gently requested not to smoke right outside the centre, and it didn't prove a problem in the long term.

Case studies - participants



David - Imagine Your Goals, Everton

David began attending Everton in the Community sessions in 2008. He arrived with very low self-esteem and a complex mental health diagnosis; he was also heavily dependent on medication. Everton's mental health coordinator spent many weeks gradually integrating David into the sessions, allowing him to dip in and out of various aspects of the coaching.

Over time David gradually came out of his shell, communicating with team mates and actively participating in all elements of the session. He then began helping Rob, the coach, with various aspects of the project, setting up equipment and organising the teams.

David became so confident that within 10 months Everton put him on a FA Level 1 Coaching course which he passed. He also began spending time socialising with other

participants during evenings and weekends. Around this time David had a review meeting with his clinician who was astonished by the change. David was much more alert, had aspirations for the future and talked passionately about his involvement in the project. As a result the clinician was able to significantly reduce David's medication.

Today David is one of the key volunteers at Everton in the Community and has secured part-time employment on the reception desk of a busy sports centre. He is now also on a foundation sports course which should lead to a place on a sports degree at Liverpool John Moores University. David often says that without his involvement in Imagine Your Goals he would never have been able to overcome many of his symptoms and would certainly not be where he is today.

Graham - Charlton Athletic project



Graham was studying for a Masters degree when he had a psychotic episode and woke up on a ward. He is an ex-professional academy player - so not a bad footballer! Initially Graham was very ill when he was referred to the Charlton Athletic project. Over the course of six months Graham has slowly recovered. He passed his Level 1 coaching certificate. He declined the offer of study towards Level 2 as he wanted to get back to study and to work. His recovery has been incredibly effective, and football has played a significant part in it.

Case studies - projects

Coping Through Football

This very successful project is run in partnership between the London Playing Fields Foundation, the North East London Foundation NHS Trust and Leyton Orient.

The project started with a six week pilot in 2007. This pilot was very informal, with Leyton Orient staff giving up their time for free and no central management. The pilot was so successful that funding was secured to continue the project's work for a further 12 months while the project was planned in more detail. The project then formally launched, delivering one, two-hour session each week, typically for 15-20 participants.

During the lengthy planning process, the project developed rigorous and robust referral and risk management procedures, unique to Coping Through Football. Referrals prior

to attendance are required so that the project can complete risk assessments, and has a contact for each participant in case of illness.

The initial target group for the project were Assertive Outreach Team clients; mostly young men, aged mainly in their mid-30s, and with severe and enduring mental health problems. Most have been sectioned at some point. More recently the project has accepted people with other diagnoses, such as anxiety and depression. Some people have attended the project for since it was started. Often attendees will stop attending when they are too ill.

Every two to three months a clinician employed by the project completes a clinical pack with each participant, assessing self-esteem, depression, physical activity and general health. This is primarily for project evaluation, but is also useful for individual progress reporting.

Several participants have passed their FA Level 1 coaching certificates, and some are now studying for their Level 2 awards.



Manchester City's Imagine Your Goals

The project was originally a partnership between Manchester City and Grassroots Initiatives called Reach Your Goals. The scheme started informally, initially as a kickabout with people engaged with mental health services. Initially there were no formal objectives; the project was able to do whatever worked and was popular with participants.

It developed into two sessions a week for people with and without mental health problems. The sessions were well attended, and the Reach Your Goals teams played against each other and against other local community service teams. Then in 1999 they set up a north west mental health league; 30-32 teams with mental health problems playing every six weeks.

In 2003 and 2007, a team was sent to Munich, joining in a programme for people with mental health issues in Germany, Slovakia and neighbouring countries. The National

Institute for Mental Health (and other funders) recognised the Manchester City / Grassroots Initiatives scheme as one of the leading projects in the UK, and provided £25k to form a European mental health tournament, with competitors from across the continent.

The Manchester City scheme is promoted by GP surgeries, Primary Care Trusts, in the voluntary sector, in libraries and leisure centres. The project has developed informal links with other agencies, and assists participants with issues like housing, asylum and benefits. The project is still open to anyone, regardless of whether they have a diagnosed mental health problem.

In 2010 the scheme became part of the wider Premier League and Sport Relief-funded scheme for 16 Premier League clubs, and the project name was changed to Imagine Your Goals.



Useful contacts and information



Time to Change

www.time-to-change.org.uk

info@time-to-change.org.uk

020 8215 2357

Time to Change, 15-19 Broadway, London E15 4BQ

General mental health information

Mind - www.mind.org.uk

Rethink Mental Illness - www.rethink.org

The leading mental health charities who run the Time to Change campaign have a wealth of information and resources about mental health issues.

Mental Health First Aid

<http://www.mentalhealthfirstaid.csip.org.uk/>

Website of English mental health first aid programme. News, updates, useful information and more.

Department of Health/NHS

www.dh.gov.uk

This site provides news pages, links to policy documents and search facilities on health and social care general topics.

www.nhsdirect.nhs.uk

The NHS Direct website which has useful web pages containing information about all aspects of health.

Drugs and alcohol

FRANK

www.talktofrank.com

Drugs information site aimed at young people, with an extensive database of commonly misused substances.

Alcohol Concern

www.alcoholconcern.org.uk

Tel: 020 7928 7377

Fax: 020 7928 4644

Waterbridge House, 32-36 Loman Street, London SE1 QEE.

The national agency on alcohol misuse.

Disclaimer: While the material and information in this toolkit is as up to date and accurate as possible in September 2011, Time to Change will not be liable for any decision made or action taken in reliance on the provided information.





Time to Change and the FA would like to thank the following organisations for their contribution to this guide:

time to change

let's end mental health discrimination



For better mental health

