

time to change

let's end mental health discrimination



Setting up a football and mental health project

A best practice guide for starting 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 in the statutory and voluntary sectors, and in football clubs and other sports organisations, who may be interested in starting a physical activity project for people with mental health problems.

You may also be interested in the parallel Time to Change guide aimed at delivery staff (clinicians and coaching staff) involved in running new football and mental health projects. 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. People with mental health problems are significantly more likely to have

physical health problems, and are less likely to get appropriate medical care for them. Sports projects can help tackle this inequality - through improvements in physical fitness and through enabling access to other health services.

Sports projects - particularly using team sports like football - make it easier for people with mental health problems to socialise. Social exclusion is often a key issue for people with mental health problems. Well-run projects can also help people get involved in their community, through coaching and links with mainstream clubs. Many participants in existing projects feel that their projects are the most positive health intervention they've had. Research carried out for Mersey Care NHS Trust showed that over 90% of attendees at a football project run by Everton had an improved sense of wellbeing and increased self confidence (more detail on page 5). Many clinical staff believe that football projects can represent a high quality, value-for-money intervention that compares favourably with other treatments.

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



“Comparative studies have demonstrated that exercise can be as effective as medication or psychotherapy.

Mental Health Foundation on depression (2010)

“Miracles are being achieved every day... Football groups are saving lives.

Participant in Time to Change focus group, for football and mental health project attendees (2011)

Benefits of football and mental health projects



The benefits of physical activity for mental health

Exercise is proven to have a positive effect on physical and mental wellbeing. Chemicals released during physical activity such as serotonin and adrenaline lift the mood and help reduce stress. Exercise releases muscle tension, and improvements in physical health boost self-esteem.

“ I worked in mental health for ten years... Out of all the things that I did as a mental health worker, I found that the benefits from football far outweighed anything else that I did. I could see the progress that people made by being involved in a physical activity.

Rob Thomas, Mental Health Lead, Everton in the Community



Football projects have a social benefit too. Football sessions can enhance the development of informal support networks and friendships between mental health service users. They give them a safe and structured environment to develop confidence and enjoy social interaction. They can enable service users to better cope with practical issues in their lives and therefore have a positive impact on their resilience and mental health.

One participant attended Manchester City's mental health project every week for three years, but didn't feel able to speak to people; he literally didn't say a word to anyone. Then when he scored a goal, he celebrated vocally and passionately. He then opened up about the causes behind his mental health issues, and slowly began to engage with other members of the project. The project manager believes that football participation was key to his recovery process and social integration. When participants engage in teamwork it can draw them into social contact and prevent isolation.

A participant at Coping Through Football said **“There is a bigger network of people to turn to if I'm having any difficulties.”** (Coping Through Football evaluation report 2010).

Benefits identified by participants

Social

- Socialising and getting to know people
- Gaining a sense of belonging
- Taking your mind off 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).



Benefits of football and mental health projects

Case study – impact on an individual participant

“One of the service users that I accompany to sessions used to find it hard to engage with other people and large crowds due to his lack of confidence. Each week he attended the Wednesday sessions, and eventually became involved in our organisation’s first mental health football team.

Over the next few months the football sessions became like a religion to him, with him attending week in, week out. His fitness levels have increased; he has lost weight and is eating a more balanced diet.

Within the past month he has had a review with his psychiatrist who reported that he hadn’t seen him mentally stable for this long in 13 years. As a result of the football project his support hours have been cut because his outlook is so positive”.

Support worker for participant at Everton’s Imagine Your Goals project, quoted in the Premier League’s “Creating Chances” 08/09 report.

Wider health benefits of sports projects

People with mental health problems are significantly more likely to be obese, have two to four times greater risk of cardiovascular and respiratory disease, five times greater risk of diabetes, and are less likely to get appropriate medical care for physical problems. Life expectancy for a person with schizophrenia is typically 10 years less than the average due to poor physical health.

Sports projects can help tackle this inequality - through improvements in physical fitness, encouraging reductions in smoking and drug use, and through enabling access to other health services.

Outcomes from Everton’s Imagine Your Goals

Researchers were commissioned by the Mersey Care NHS Trust to look at project outcomes. The table below details their findings, and was published in Mental Health Practice.

As a result of taking part in the Imagine Your Goals programme, participants:					
Percentage of participants who agree					
Physical Wellbeing	Are fitter and have more stamina	100%	Mental Wellbeing	Have an improved sense of wellbeing	94%
	Have more energy	100%		Can concentrate better	88%
	Have lost weight	77%		Have fewer mental health symptoms	59%
	Sleep better at night	59%		Have less acute mental health symptoms	35%
	Eat a healthier diet	47%	Social Wellbeing	Are more confident	94%
	Drink less alcohol	41%		Have more self-esteem	88%
	Smoke fewer cigarettes	18%		Take part in more social activities	82%
	Take fewer illicit drugs	12%		Are mixing more with family and friends	76%
Stigma	Think the programme helps to reduce the stigma attached to mental health problems	41%	Activities	Are taking up volunteering opportunities	35%

Research by Lindsey Dyer and Catherine Mills, published in Mental Health Practice, Feb 2011

Partnership working

It's helpful for projects to be delivered by statutory services and community organisations, like sports clubs, working together. This can be in formal partnerships, or more loosely.

For projects run by football clubs, it's very helpful to find champions within statutory services (such as NHS Trusts or GP consortia), ideally in senior management, who can ensure the project is taken seriously. To engage statutory services, you might want to use evaluations from existing projects, to show the kind of results that can be delivered.

Having partnerships with multiple agencies can help ensure that the project is available to all - if one statutory service is dominant, it can lead to access being restricted to people from a particular demographic or people with a specific diagnosis.

Benefits of involvement for mental health services

Involving care workers in sessions can increase their productivity - the format allows one care worker to make contact and check progress with several clients at the same time. Clients are also less likely to miss meetings with care workers if they're based around football. Project sessions create a regular, reliable and comfortable place they can meet. Kent and Medway NHS Trust Early Intervention Team found they got more meaningful contact with clients at their joint project with Charlton Athletic than in a clinical or family setting; clients were more relaxed, leading to better quality engagement with staff.

TOP TIP:

Help partner organisations understand the risks of playing football. If there are significant numbers of people playing football in long-term health and wellbeing projects (not just mental health projects) then statistically injuries will happen. Provided that the risks are appropriately managed, an injury - even a serious injury like a broken arm or leg - is no reason to scrap a project.



Partnerships with mainstream clubs

Where possible, participants should be encouraged to join mainstream clubs. Research by Time to Change has shown that one of the most effective ways to challenge mental health stigma is through social contact between people with and without mental health problems - playing football in a team or at a club that includes people with mental health problems will improve people's attitudes and behaviours regarding mental health. Integration into mainstream clubs can help, in a small way, the culture of football to become more open and welcoming to people with mental health problems.

Why not invite local grassroots clubs to form links with your project, playing fixtures, providing coaching support or taking on project participants who have gained coaching qualifications?



Case studies: Everton's Imagine Your Goals and the Start Again Project

At Everton's Imagine Your Goals project, care workers and psychiatrists started to believe in the project when attendees showed reduced dependency on medication, as well as wider health and social benefits. Until then, they were quite sceptical.

Everton's approach was holistic - they knew participants could improve their mental health through the programme, but they asked themselves how they could benefit other areas of participants' lives. At their project participants are made aware of other schemes, such as smoking cessation, healthy eating, sexual health, cancer awareness, alcohol and drugs support. This doesn't interfere with the football content - before or after sessions participants are invited to attend taster sessions, or have informal chats with project coordinators before accessing new projects.

Their 'No Wrong Door' policy means that staff will signpost to relevant agencies for enquiries about benefits, housing, asylum etc, and will assist as much as possible.

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 the first, fifth and twelfth weekly session. Feedback is provided, so that participants can see improvements in their physical health from attending the project. Advisors also provide referrals to smoking cessation programmes, advice on nutrition, weight training, weight loss and additional opportunities to get involved in sport*.

Budgeting and administration



Budgeting

This table shows the annual cost of a large project, delivering two sessions per week to around 20 participants. Your project may be different, but the table shows the kind of expenses you might incur. It assumes that the office space to run a project will be available for free.

It's always worth allocating resource to administration; particularly to securing participants and promoting the benefits of the project to clinical staff. New projects often don't allocate any funding for transport - this can help new projects quickly attract attendees.

However, you needn't have an annual competition, provide training courses for participants or transport - it's possible to deliver a very effective project, delivering real, tangible benefit, for much less.

Securing funding

Try your local authority, Sport England, Sport Relief, local grants or charities. Or a local business may be able to provide sponsorship. You need to think about what you can offer (eg publicity) in return. Large organisations will often have a head of Corporate Social Responsibility (CSR), who is responsible for supporting charitable initiatives. Some large organisations, such as national banks, provide a small number of grants for local, community projects. A good way to build a relationship with corporate organisations is to invite them to send teams to play against your project attendees.

For all of these types of funding, the application process can be complex and time consuming. You may find it easier to secure coaching or management resource from a partner organisation like a professional club or NHS Trust. Leisure centres may be able to provide facilities at a reduced rate, or even free - particularly during the day when they'll tend to be less busy. And if you need kit, it's worth asking local professional clubs, shops or manufacturers if they can provide old stock at reduced cost.

Project costs	£
Coordinators wage	£10,000
Employers NI & oncosts	£1,280
Coaching venue hire (2 sessions x 2 hrs/week x 42wks @ £25 per hr)	£4,200
Courses for participants - child protection, coaching, refereeing	£2,000
Travel expenses (250 miles per month @ 40p per mile)	£1,200
Kit/equipment	£1,000
Administration	£800
Advertising and promotion	£500
Laundry	£500
Hospitality/meetings/catering	£400
Competition venue hire (£225 full day x 2 events)	£450
Trophies / medals	£300
Referees' fees (20 hours per year @ £10 per hr)	£200
Total annual cost:	£22,830

Recruiting coaches

Getting the right coaches is vital to the success of your project. Having a highly skilled coach can give the project credibility for participants. However, it's much more important to have a coach who is empathetic, enthusiastic and able to form relationships with people from all backgrounds.

Experience of working in the mental health profession, or personal experience of mental health problems, can be an advantage for a coach working on a mental health project. Rob is the lead coach on Everton's project. He worked as a mental health professional in the NHS for 10 years - and moved into coaching when he saw the benefits that football projects can deliver. His experience means he understands diagnoses and the impact these have on participants.

It also means that he can quickly form relationships with people from diverse backgrounds. This understanding of mental health can also be achieved by recruiting coaches or volunteers with personal experience of mental health problems.

As the project becomes more established, enabling participants to achieve FA coaching qualifications can be a great way of getting them more involved in delivery - see the box on the right for more information.

Consistency in coaches is crucial to success. The most successful projects have employed the same coaches for years. This consistency helps them to build effective and long term relationships.

To ensure sustainability you should also ensure that your project is not dependent on specific individuals. Using volunteers and getting participants qualified as coaches can assist here, so that if a lead coach leaves, there are people remaining to provide stability for the participants.

TOP TIP:

Many service users have skills and time that can be very valuable to projects, and to mainstream, grassroots clubs. At Everton the majority of participants have signed up as volunteers with Everton in the Community, working on project administration, soccer camps and social inclusion projects. One participant had been a bank manager, supervising 15 staff, before entering mental health services - he was therefore able to provide Everton with considerable skills to draw on.



Getting qualified: from participation to coaching

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 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, as well as care staff, obtained FA Level 1 coaching qualifications, with some progressing into Level 2. At Charlton Athletic ten participants secured their Level 1, with eight in the process of taking their Level 2.

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. The course is flexible, employs less formal learning methods. It is therefore particularly suitable for participants who may have periods when they are unable to study. For costs and more details, see www.stepup2winningways.com, or contact info@start-again.co.uk.

How to recruit participants – Self-referral

A key decision is whether to have participants referring themselves ('self-referral') to sessions, or whether to have a formal referral process from mental health services.

These two approaches have advantages and disadvantages – if possible you should try to allow both referral routes.



How referrals are made

Project advertises
(posters & leaflets in GP surgeries,
day centres, community
centres, libraries)



Potential participants
see marketing material



Project staff visit
day centres etc - coaches
introduce themselves, reducing
potential anxiety



Participants turn up to project

Advantages

- **Project can start earlier** - less negotiation between delivery / football provider and mental health services.
- **Project is more autonomous** - therefore easier to change project content / processes etc if necessary.
- **Project has complete freedom to chose attendees** - may include friends / relatives of people with mental health problems if this is useful, or people with no medical diagnosis who want physical activity to boost mental wellbeing.

Disadvantages

- **Much harder to get people to attend** - project staff need to invest time and effort going to participants to introduce themselves, explaining the sessions and allaying concerns.
- **Project may have access to less resources** - for example can't use care team minibuses.

Example

Manchester City's Imagine Your Goals project is open to anyone who thinks they can benefit from attending, irrespective of whether they have a diagnosed mental health problem.

How to recruit participants

- Referral from mental health services

How referrals are made



Advantages

- **Care workers can participate in the project - this improves the quality of their relationship with clients.** Breaks down barriers and provides non-clinical setting for interaction.
- **Can increase care worker productivity** - provides more reliable forum for client meetings, and workers can see multiple clients at the same time.
- Partner services can **complete risk assessments** on participants before attendance.
- Partner services can **support participants in attending** (for example, care workers can assist with transport).
- Partner services can **provide evidence of results**, such as medication levels or psychological assessment.

Disadvantages

- Setting up a referral process can be extremely **time consuming and labour intensive**.
- Partner mental health services may wish to apply eligibility criteria, such as only people with severe and enduring mental health problems can attend. This can **restrict the number of people that the project can benefit**.
- Having formal partnerships can **make the project less adaptable** to the needs of participants.

Example

Charlton Athletic deliver a project on behalf of the Early Intervention Team within Kent & Medway NHS Trust. The project is funded by the NHS, and they manage referrals to it. It is not possible for people who are not clients of the service to access the project.

Combining both approaches - the recommended approach

Some projects successfully combine a number of different referral routes, to ensure they deliver benefit to the largest number of people.

For example, Coping Through Football accepts referrals from GPs, hospital doctors, drug & alcohol teams, supported housing, day centres, care co-ordinators, mental health charities and self referrals.

Attracting participants and removing barriers to attendance

Transport, scheduling and branding can be key barriers to participants, so it's important that these are addressed in your planning.



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, a budget 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.

Visit day centres, hospitals and places where service users are. You need to say, face-to-face: '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 might also make the first sessions run more smoothly.

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.

Afternoon sessions work best. Often medication causes 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.

Brand your project as a 'mental wellbeing' project rather than a 'mental health' project. An impact of the stigma around mental health means that people are often unwilling to identify themselves as having mental health problems, and may be unwilling to participate in a project attended by other people with mental health problems. Using 'mental wellbeing' avoids these difficulties.

The Oxford Coasters is a multi-sport mental health project, led by a worker employed by an NHS Trust. However, it doesn't have mental health in the title, or make any reference to mental health. It's organised like a club, both staff and service users are called members, and have to 'join' the Coasters in order to access activities. This puts their relationship on an equal footing, and avoids stigma that may stop people accessing the project.



Ensuring diversity of participants



How can you ensure diversity in attendees? You might want to target members of certain communities, or ensure that participants are representative of a geographic area. Actively planning activities and communications can help achieve this.

Some NHS Trusts and local authorities have Community Development Workers, who can assist in engaging with diverse communities. GPs and Mental Health Community Partnerships may also be able to assist.

The range of activities can be key in ensuring female attendance [see below]. You should also consider liaising with local lesbian, gay, bisexual and transgender (LGBT) groups to ensure that the project meets their needs.

Diversity planning should also ensure that project timings do not alienate members of some communities. For example, sessions starting at noon on Fridays will not be convenient for practising Muslims.

Some people with mental health problems also have physical disabilities. It is vital that projects do not exclude potential participants because they have a physical disability. There is often free training available for sports professionals on how to coach disabled athletes; courses can be found on the websites of Sports Coach UK and the English Federation of Disability Sport. In addition Local Authorities may provide funding for sports disability inclusion training; sports development teams are a good place to start.

Equality monitoring forms can be used to capture information on how successful the project is in reaching diverse groups.

These should be anonymous, particularly if asking for potentially sensitive information like sexual orientation.

Feedback (formal and informal) should be sought regularly from participants and used to shape the project's future content - it should evolve and improve to meet participants' needs. This should help the project continue to attract a diverse range of participants.

Cultural issues and solutions: some examples

Somali culture has no concept of mental health problems. There is no Somali word for depression, though Somali people are no less prone to experiencing it. Time to Change has delivered some successful projects with North African communities. This work hasn't explicitly mentioned mental health issues until several weeks into delivery, when people are engaged with the project and feel secure.

Other projects have found it hard to communicate effectively with traditionally 'closed' communities, such as the Jewish and Chinese communities. An effective solution can be to sell the project benefits of a project to a respected member of the community, and have them introduce the project to fellow community members, or have someone from that community run it.

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-ing tuition or theatre visits) can also ensure the project appeals to a broad range of people.

Real projects delivering real benefits



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.

“

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

”

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



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. At the start 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 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.

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.

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. The project is still open to anyone, regardless of whether they have a diagnosed mental health problem

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 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.

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.





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time to change

let's end mental health discrimination



For better mental health

