



Sport In Mind



FOOTBALL MENTAL HEALTH & WELLBEING RESOURCE

TABLE OF CONTENTS



<i>FOREWORD BY OXFORDSHIRE FA</i>	03
<i>WELCOME TO SPORT IN MIND</i>	04
<i>WHY SPORT IN MIND EXISTS</i>	06
<i>THE BENEFITS OF BEING ACTIVE THROUGH FOOTBALL</i>	08
<i>THE BENEFITS OF TALKING ABOUT MENTAL HEALTH</i>	12
<i>MENTAL HEALTH AND MENTAL ILLNESS</i>	14
<i>WOULD YOU LIKE TO KNOW MORE ABOUT MENTAL HEALTH?</i>	16
<i>ANXIETY</i>	16
<i>DEPRESSION</i>	18
<i>OCD (OBSESSIVE-COMPULSIVE DISORDER)</i>	20
<i>OCD AND STIGMA</i>	22
<i>SCHIZOPHRENIA</i>	24
<i>PSYCHOSIS</i>	26
<i>EATING PROBLEMS</i>	28
<i>BIPOLAR DISORDER</i>	30
<i>SELF-HARM</i>	32
<i>OTHER CONDITIONS AND THE EFFECTS ON MENTAL HEALTH</i>	35
<i>ADHD</i>	35
<i>AUTISM</i>	36
<i>POST-TRAUMATIC STRESS DISORDER (PTSD)</i>	38
<i>WHAT IS IT LIKE TO ATTEND A SPORT IN MIND SESSION?</i>	41
<i>CASE STUDY FROM A SPORT IN MIND PARTICIPANT IN OXFORDSHIRE</i>	44
<i>CASE STUDY FROM A SPORT IN MIND PARTICIPANT IN OXFORDSHIRE</i>	45
<i>SIGNPOSTING</i>	46
<i>SUPPORT & GUIDANCE</i>	47

SUPPORTING EACH OTHER OXFORDSHIRE FA



We care deeply about the welfare and wellbeing of everyone involved in local football in Oxfordshire.

We have worked with Sport in Mind to provide this practical resource pack for use throughout Oxfordshire football and we hope you and everyone at your club and league finds it helpful.

Whoever you are, wherever you are, whether on or off the pitch, everyone faces different challenges and anyone can be struggling with something that others might not see or know how to help with.

1 in every 4 people in this country will experience a mental health challenge of some kind each year, and 1 in 6 report experiencing mental health issues such as anxiety or depression in any given week.

1 in 6 children aged under 16 experience a probable mental health problem, and 50% of all mental health problems have been established by the age of 14, rising to 75% by the age of 24.

On average, people with mental health problems die 15 to 20 years earlier than those without. Those earning below average incomes are twice as likely to be at risk of developing mental health problems.

Not addressing the mental health of people with long-term physical health problems and poor management of medically unexplained symptoms also costs the NHS in England more than £11 billion a year.

We want to raise awareness of these shared challenges and help to and effectively tackle them.

Throughout Oxfordshire the aim is the same: to ensure everyone has a safe, welcoming, inclusive, positive, supportive, encouraging and fun environment in which to enjoy our national game.

Our strategic partnership with Sport in Mind is intended to share support, guidance and best practice.

WELCOME TO SPORT IN MIND



Introduction

Sport In Mind is an independent multi-award-winning mental health charity that was formed in Reading, Berkshire in 2010 with a simple mission:

We share common goals with Sport in Mind whose mission is to improve the lives of people experiencing mental health problems through sport and physical activity'

Sport in Mind is the country's leading mental health sports charity and their innovative programmes are delivered in partnership with the NHS and are co-designed by people with personal experience of mental health problems and healthcare professionals.

The charity delivers physical activity (sport, walking, dance and movement, gardening and exercise sessions) projects to support the recovery of children, young people and adults living with mental health problems in the community and inpatient care in order to aid recovery, promote mental wellbeing, improve physical health, combat social isolation and empower people to move their lives forward in a positive direction.





WHY SPORT IN MIND EXISTS



The charity is the brainchild of Neil Harris and its origins can be traced to the simple act of trying to help a childhood friend who had become mentally unwell. In 2009, Neil devised a physical activity programme to help aid his friend Jamie's recovery. Little did he realise this would inspire a charity which would go on to help thousands of people with mental health problems.

Back in 2009, Jamie was in a terrible place, a place he'd never been before in his life. He was depressed, anxious about going outside, about socialising, about life. He became isolated and disconnected from the world. Despite how he was feeling, he was reluctant to engage with traditional mental health services... like a lot of people.

Although Jamie wasn't at all keen on sport or physical activity, Neil knew the positive impact being active can have on mental health and decided to design a physical activity programme to help his friend's recovery. Over 10 years on and Jamie continues to manage his mental health by engaging in sport and physical activity on a regular basis. He has been relapse-free for over a decade and is enjoying life!

Driven by the success the programme had on Jamie's recovery, Neil decided to set up Sport In Mind in 2010 (and it all started with one football session in Reading!).

Since then the charity has delivered thousands of sport and physical activity sessions in England and Wales, supporting the recovery of thousands of people each year.

Sport in Mind are reliant on the generosity of the public, sports teams, schools, and corporate partnerships to do what we do. If you would like to speak to the team to see how you can support us, please get in touch via the details on the back page.



“

Playing sport with Sport in Mind has helped me overcome my anxiety problems and I'm now back working full-time.

(Sport in Mind, Participant)

THE BENEFITS OF BEING ACTIVE THROUGH FOOTBALL



Many of us play football regularly, but often we don't realise the positive impact it can have on our mental, physical and social health.

For over a decade, Sport in Mind have used football to help improve the lives and health of thousands of local people and support their recovery from mental health problems.

Playing football is obviously super fun but can also help our bodies in so many different ways. It can:

- **HELP US TO COPE WITH THE STRESSES OF DAILY LIFE MORE EFFECTIVELY**
- **IMPROVE OUR MOOD (WHEN WE EXERCISE OUR BODY RELEASES CHEMICALS THAT MAKE US FEEL HAPPY)**
- **IMPROVE CONCENTRATION AND SLEEPING PATTERNS**
- **GIVE US A NATURAL ENERGY BOOST**
- **REDUCE SYMPTOMS OF DEPRESSION AND ANXIETY**
- **HELP US BUILD CONFIDENCE AND SELF-ESTEEM**
- **HELP US MAINTAIN A HEALTHY WEIGHT**
- **IMPROVE OUR PHYSICAL HEALTH**
- **HELP US MEET NEW PEOPLE AND MAKE FRIENDS**

Taking part in sport and being physically active are well-known ways of managing mental health. Movement is essential for life as it...

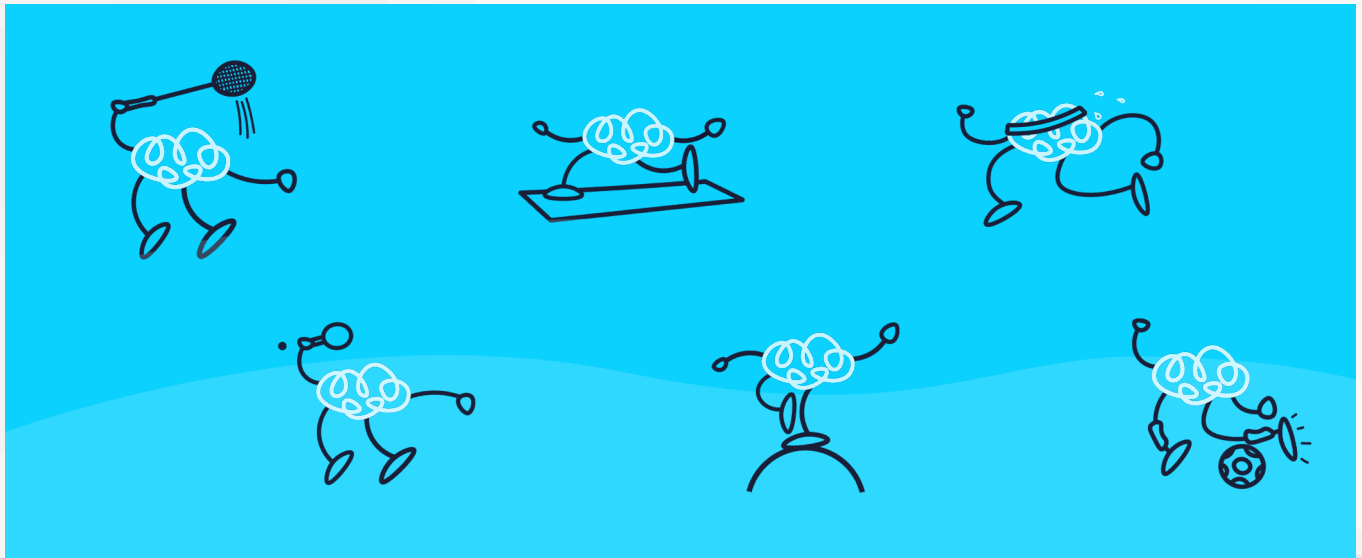
- ✔ Releases endorphins (feel-good chemicals in the body) and helps relieve stress
- ✔ Allows us to take a break from everyday challenges and responsibilities
- ✔ Helps emotions move through our bodies
- ✔ Provides an outlet for self-expression
- ✔ Strengthens the connection we have with our bodies
- ✔ Offers a chance to connect with ourselves and others

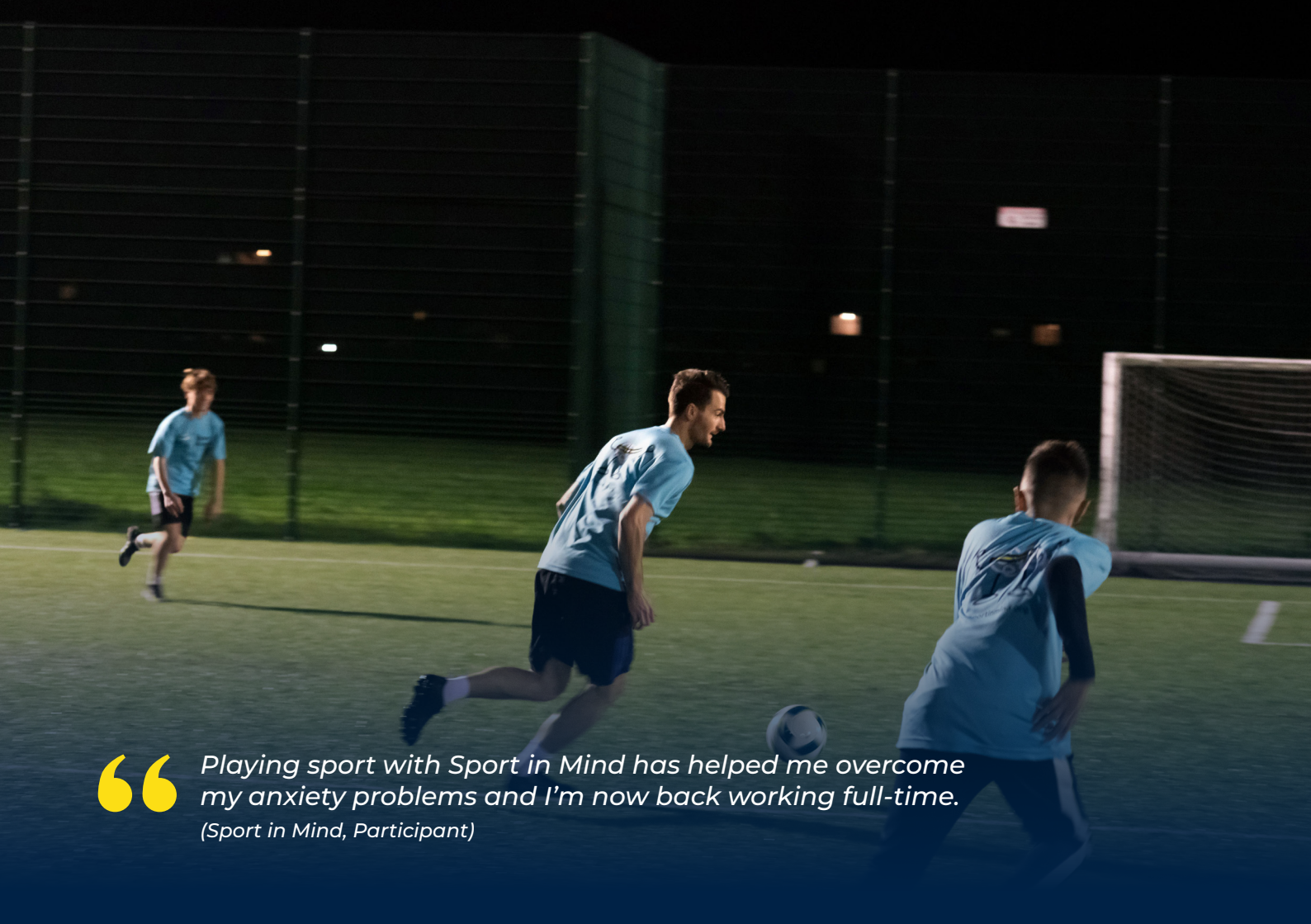
Moving, or being mobile, has a significant impact on well-being. It improves circulation, metabolism, clarity, mood, and resilience. The body contributes far more to our lives than just physical attributes such as strength and endurance – it plays a major role in emotions, learning and relationships. It is intimately involved in all our thought processes, understanding, emotions and decision-making.



Sport and physical activity, and football in particular...

- ✔ Give you an opportunity to build relationships as a team player, and combat loneliness and isolation
- ✔ Offer a safe space to be yourself
- ✔ Provide time and space to feel safe and less 'alone'
- ✔ Contribute to social well-being by providing a sense of belonging, particularly in team sports like football



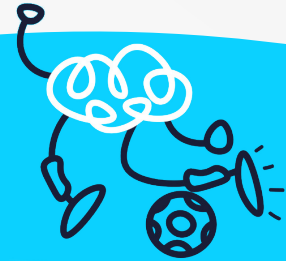


“

Playing sport with Sport in Mind has helped me overcome my anxiety problems and I'm now back working full-time.

(Sport in Mind, Participant)

THE BENEFITS OF TALKING ABOUT MENTAL HEALTH

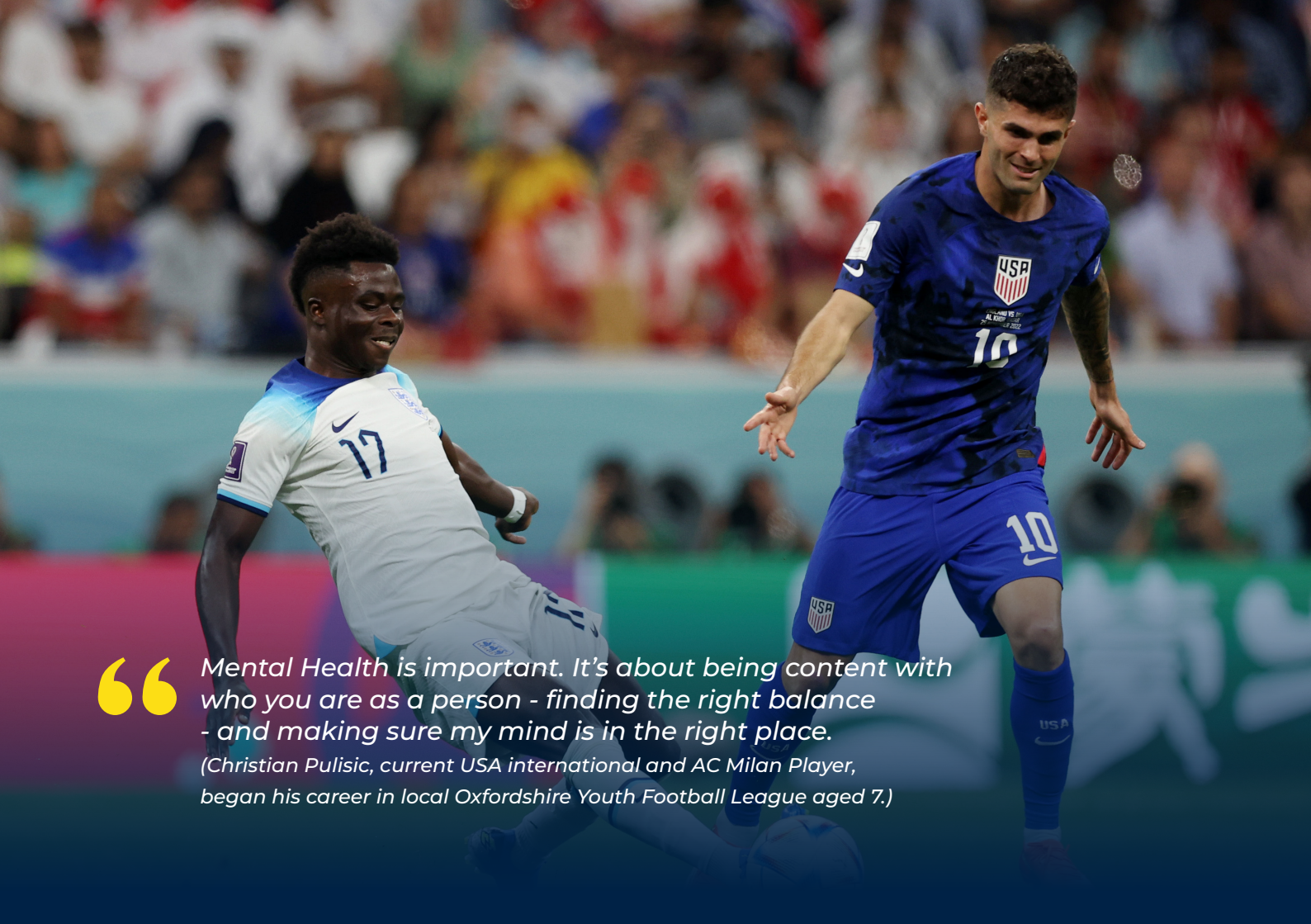


Talking about mental health can be quite daunting for many of us, but the truth is **1 in 4 of us in the UK will be affected by mental health problems each year** – that's approximately 15 million of us.

Despite millions of us being affected each year, there is still a great deal of misunderstanding about mental health, and speaking about this needn't be seen as scary, taboo or something to avoid; the reality is, mental health conditions are part of everyday life. All of us, at some point in our lives, will be touched either directly or indirectly by mental health problems so it's important to speak openly about these conditions and find ways that work for us to help improve our mental health – like being active and playing football, our particular favourite!

We know how difficult and lonely it can be when you are struggling with your mental health problems, so it's really important to know you're not alone. In fact, some of the most successful footballers over the past 30 years have spoken about their own mental health, including **Harry Kane, Raheem Sterling, Danny Rose and Fran Kirby**.





“

Mental Health is important. It's about being content with who you are as a person - finding the right balance - and making sure my mind is in the right place.

(Christian Pulisic, current USA international and AC Milan Player, began his career in local Oxfordshire Youth Football League aged 7.)

MENTAL HEALTH AND MENTAL ILLNESS



Mental health refers to our emotional, psychological, and social well-being. We all have mental health. Our mental health affects how we think, feel, and act. It also has an impact on how we manage, interact and form relationships with others, and how we function on a daily basis.

Being mentally healthy doesn't just mean that you don't have a mental health problem or illness. If you're in good mental health, you can usually

- ✓ Make the most of your potential
- ✓ Cope with life
- ✓ Play a full part in your family, workplace, community and among friends.

Some people call mental health 'emotional health' or 'well-being' and it's just as important as good physical health. It involves our emotions, our thoughts and feelings, our ability to solve problems and overcome difficulties, our social connections and our understanding of the world.

An important point to note is that mental illness can be referred to as having a mental health disorder or condition. It is different from mental health. Poor mental health and struggling to cope is also different from having a mental illness. A mental illness or mental health disorder is an illness that affects that way people think, feel, behave, or interact with others. There are many types of mental illnesses/mental health disorders with different signs and symptoms and that have an impact on people's lives in a variety of ways.

Mental illness typically has more of a significant detrimental impact across many areas of an individual's life than episodes of poor mental health, which may be situation-specific or time-limited.

People of any age, gender identity, geographical background, race, ethnicity, class, background, religion, ability, appearance, culture, caste, education, economic status, spirituality, and sexual orientation can experience mental illness.

In the course of a lifetime, not everyone will experience a mental illness, but everyone will experience a change in their mental health. Sometimes, a change in mental health can result in a mental illness.

It is important to know that mental illness can be treated and people can recover. Mental illness can be managed with various types of support and might be short-lived or more enduring.

Playing football regularly can play a key role in helping people's recovery, as a charity Sport in Mind have used football to help thousands of people to recover.

Read more about mental illness on page 16.



WOULD YOU LIKE TO KNOW MORE ABOUT MENTAL HEALTH?



We know that many of us find it difficult to talk or think about mental illness. At Sport in Mind, we know that one of the best ways to remove the stigma around mental illness is to be educated about a range of conditions or disorders and fully understand in more detail what mental illness is and what it is not. This is how we function at Sport In Mind: we break down stigma and we operate from an informed position.

It can feel scary to search for information, to take that first step, so we have provided information here about some common mental health problems.

ANXIETY

Anxiety is the feeling associated with being worried, tense or afraid – particularly about things that are about to happen, or which could happen in the future. It is a natural human response and can be experienced through thoughts, feelings and physical sensations.

Anxiety can become a mental health problem if it affects someone's ability to live life to the extent they want.

For example, it may become a problem if:

- it is difficult to go about everyday life or do enjoyable things
- situations that might cause anxiety are avoided
- feelings of anxiety are very strong or last for a long time
- symptoms of anxiety are regular (and could include panic attacks)
- fears or worries are out of proportion to the situation
- worries feel very distressing or are hard to control.

Anxiety can have an effect on the body, on the mind and on other areas of life:

Effects of anxiety on your body

These can include:

- sleep problems
- faster breathing
- a fast, thumping or irregular heartbeat
- a churning feeling in the stomach
- feeling light-headed or dizzy
- feeling restless or unable to sit still
- pins and needles
- headaches, backache or other aches and pains
- sweating or hot flushes
- needing the toilet more or less often
- grinding teeth, especially at night
- nausea (feeling sick)
- changes in sex drive
- having panic attacks.

Effects of anxiety on your mind

These can include:

- feeling like the worrying will not stop, or that bad things will happen if worrying does stop
- feeling tense, nervous or unable to relax
- feeling like the world is speeding up or slowing down
- having a sense of dread, or fearing the worst
- worrying about anxiety itself, for example, worrying about when panic attacks might happen
- feeling like other people notice the anxiety and are looking
- wanting lots of reassurance from other people.

Other effects of anxiety

Anxiety symptoms can last for a long time, or come and go.

There might be difficulties with day-to-day life, including:

- looking after physical health
- forming or maintaining relationships
- holding down a job
- trying new things
- enjoying leisure time.

In some cases, anxiety can have a serious impact on the ability to work.

DEPRESSION

Depression is a low mood that affects everyday life and can last for a long time. In its mildest form, depression can mean being in low spirits. It doesn't stop someone leading a normal life but makes everything more difficult and seem less worthwhile. At its most severe, depression can be life-threatening because it can cause suicidal feelings.

If someone is given a diagnosis of depression, they might be told that they have mild, moderate or severe depression. This describes what sort of impact the symptoms are having on currently, and what sort of treatment they are likely to be offered. A person might move between mild, moderate and severe depression during one episode of depression or across different episodes.

There are also some specific types of depression:

- Prenatal depression – depression that occurs during pregnancy; it is sometimes also called antenatal depression.
- Postnatal depression (PND) – depression that occurs in the first year (or so) after giving birth.
- Seasonal affective disorder (SAD) – depression that occurs at a particular time of year, or during a particular season.
- Dysthymia – continuous mild depression that lasts for two years or more; it is also called chronic depression or persistent depressive disorder.

Common signs and symptoms of depression

How someone might feel:

- finding no pleasure in life or things that are usually enjoyed
- down, upset or tearful
- no self-confidence or self-esteem
- restless, agitated or irritable
- guilty, worthless and down on oneself
- hopeless and despairing
- empty and numb
- isolated and unable to relate to other people
- a sense of unreality
- suicidal.

How someone might behave if they have depression

- avoiding social events and activities that are usually enjoyed
- difficulty speaking, thinking clearly or making decisions
- feeling tired all the time
- difficulty sleeping, or sleeping too much
- physical aches and pains with no obvious physical cause
- using tobacco, alcohol or other drugs more than usual
- self-harming or suicidal behaviour
- losing interest in sex
- difficulty remembering or concentrating on things
- no appetite and losing weight, or eating too much and gaining weight
- moving very slowly, or being restless and agitated.

It's very common to experience depression and anxiety together. Some symptoms of depression can also be symptoms of anxiety, for example:

- feeling restless
- being agitated
- struggling to sleep and eat.

OCD (OBSESSIVE-COMPULSIVE DISORDER)

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions.

Obsessions are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in someone's mind. They can make someone feel very anxious (although some people describe it as 'mental discomfort' rather than anxiety). Some examples include:

- A fear that something bad will happen if everything isn't 'right'. For example, if things are not clean, in order or symmetrical.
- Worrying you've already harmed someone by not being careful enough.
- Contamination (for example by dirt, germs or faeces). You might worry that you have been contaminated and that you – or other people – are spreading the contamination. You might worry that you have or might get a disease.
- Worrying you're going to harm someone because you will lose control.
- Mental contamination. You might experience feelings of dirtiness that are triggered by a person who has harmed you in some way. These feelings may also be triggered by your own thoughts, images or memories.
- Sexual intrusive thoughts or images. These could be related to children, family members or to sexually aggressive behaviour.

Compulsions are repetitive activities that someone does to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels.

Compulsions can:

- be physical actions
- be mental rituals
- involve a number (for example, you might feel you have to complete a compulsion a specific number of times without interruption).

Although many people experience minor obsessions (such as worrying about whether the doors are locked or an appliance has been left switched on) and compulsions (such as avoiding the cracks in the pavement), these don't significantly interfere with daily life, or are short-lived.

If someone experiences OCD, it's likely that the obsessions and compulsions will have a big impact on how they live their life, in a variety of ways:

- Disruption to your day-to-day life. Repeating compulsions can take up a lot of time, and certain situations that trigger OCD might be avoided – so someone does not feel able to go to work, see family and friends, eat out or even go outside. Obsessive thoughts can make it hard to concentrate and leave someone feeling exhausted.
- Impact on relationships. Someone may feel that they have to hide OCD from people or that anxieties and concerns about a relationship may make it too difficult to continue.
- Feeling ashamed or lonely of obsessive thoughts, or worrying that they can't be treated. By hiding this from others, it can make people feel isolated and lonely.
- Feeling anxious. Some obsessions and compulsions can make someone feel anxious and stressed. For example, some people feel that they have to carry out their compulsions so frequently that they have little control over them.

OCD and stigma

Lots of people have misconceptions about OCD. Some people think it just means someone has to have everything neat and tidy, or they have to wash hands frequently. They might even make jokes about it, or describe themselves as a 'little bit OCD'.

This can be frustrating and upsetting, especially if someone who feels this way is a friend, colleague, family member or healthcare professional. It is important to remember that these misconceptions come from a lack of understanding and knowledge about the condition.





SCHIZOPHRENIA

Schizophrenia is a complicated mental health problem related to psychosis. There are a lot of misconceptions about it and mental health professionals do not all agree about it. The statistics reflect that about 1 in every 100 people gets this diagnosis at some point in life.

Many experiences and behaviours can be part of schizophrenia. They can start suddenly, or they might develop gradually over time. Each person's experience is unique. A medical professional might indicate that someone has schizophrenia if they experience some of the following:

- disorganised thinking and speech
- feeling disconnected from emotions
- a lack of interest in things
- wanting to avoid people
- hallucinations, such as hearing voices or seeing things others don't
- difficulty concentrating
- delusions (strong beliefs that others don't share), including paranoid delusions
- not wanting to look after oneself.

Hallucinations and delusions are types of psychosis.

Someone with schizophrenia might also find that they:

- disagree with people who think something is wrong
- aren't able to carry on with day-to-day activities
- become upset, confused or suspicious of other people or particular groups (like strangers, or people in authority)
- feel worried or afraid of seeking help.

Professionals sometimes talk about schizophrenia symptoms as being 'positive' and 'negative'. But this doesn't mean 'good' or 'bad'.

Positive symptoms are experiences or behaviours that the condition adds to someone's life, like hearing or seeing things that others don't, or having a belief that something is real or true when it isn't.

Negative symptoms are experiences or behaviours that the condition takes away from life, like finding things less interesting or enjoyable, moving their body less, or having less motivation.

Misconceptions about schizophrenia

There's lots of misinformation about schizophrenia in the media. Stories in the news and on TV programmes are often sensationalised and misleading. The truth is:

- It does not mean someone has a 'split personality'. These experiences are more associated with dissociative identity disorder.
- It does not mean that someone is dangerous or violent. Most people with schizophrenia do not commit violent crimes. Some research suggests that the risk may be slightly higher among people who have this diagnosis than people who don't. But it's not clear that schizophrenia is the cause. Evidence shows that factors like drug and alcohol misuse are far more likely to play a part in violence. People with schizophrenia are more likely to be victims of crime – or to harm themselves – than to harm someone else.



PSYCHOSIS

Psychosis is when a person perceives or interpret reality in a very different way from people around them. They might be said to 'lose touch' with reality. It can also called a 'psychotic experience' or 'psychotic episode'.

The most common types of psychotic experiences are hallucinations, delusions and disorganised thinking and speech. Psychosis affects people in different ways. Someone might experience it once, have short episodes throughout their life, or live with it most of the time.

Some people have positive experiences of psychosis. For example, if they see the faces of loved ones or hear their voices, it may be comforting. Some people say it helps them understand the world or makes them more creative.

However, for other people psychosis can be a very difficult or frightening experience. Someone may find that it affects their behaviour or disrupts their life, makes them feel very tired or overwhelmed, makes them feel anxious, scared, threatened or confused, and/or leaves them finding it very difficult to trust some organisations or people.

It can also be distressing if people around them dismiss their experiences as untrue when they seem very real. They may feel misunderstood and frustrated if other people don't understand. The word psychosis is usually used to refer to an experience. It is a symptom of certain mental health problems rather than a diagnosis itself. Doctors and psychiatrists may describe someone as experiencing psychosis rather than giving them a specific diagnosis. Some people prefer this.

If someone is diagnosed with one or more of these conditions then they may experience psychosis. Alternatively, if they experience psychosis (and have other symptoms too), then they may be given one of these diagnoses:

- bipolar disorder
- severe depression
- postpartum psychosis
- schizophrenia
- schizoaffective disorder
- paranoid personality disorder or schizotypal personality disorder
- delusional disorder.

Some people experience psychosis on its own. If it is experienced for less than a month and a doctor doesn't think that another diagnosis describes the symptoms better, someone may receive the diagnosis of 'brief psychotic disorder'.

Psychosis and stigma

There are a lot of misunderstandings about what it means to experience psychosis. Lots of people wrongly think that the word 'psychotic' means 'dangerous'. The media often shows people with psychosis behaving like this even though very few people who experience psychosis ever hurt anyone else.

EATING PROBLEMS

An eating problem is when someone has a relationship with food that they find difficult. Many people think that someone with an eating problem will be over- or underweight. People might also think that certain weights are linked to certain eating problems. Neither of these assumptions is true. Anyone can experience eating problems. This is regardless of age, gender, weight or background.

What's the difference between an eating problem and an eating disorder?

An eating **disorder** is a medical diagnosis. This diagnosis is based on eating patterns and includes medical tests on weight, blood and body mass index (BMI).

An eating **problem** is any relationship with food that someone finds difficult. This can be just as difficult to live with as a diagnosed eating disorder.

Eating problems are not just about food. They can be about difficult things and painful feelings. These feelings might be challenging to express, to face or to resolve. Focusing on food can be a way of hiding these feelings and problems.

Eating problems can affect people in lots of ways. Someone might feel:

- ashamed or guilty
- tired much of the time
- depressed or anxious
- scared of other people finding out.

They might find that:

- controlling food or eating has become the most important thing in life
- it feels difficult to concentrate on work, studying or hobbies
- they want to avoid socialising, dates and restaurants or eating in public
- their appearance is changing or has changed
- they are bullied or teased about food and eating
- it feels hard to be spontaneous, to travel or to go anywhere new
- they develop short- or long-term physical health problems
- they have to leave school/college or work, or stop doing what they enjoy.

Eating problems and other mental health problems

Many people with eating problems also have other mental health problems or illnesses.

Some common experiences include:

- phobias of certain foods
- depression
- forms of self-harm – eating problems can be seen as a form of self-harm, and other types of self-harm can occur too
- anxiety
- obsessive-compulsive disorders
- issues with self-esteem and body image
- body dysmorphic disorder, which is an anxiety disorder linked to body image.

Food is one of many mediums through which anxiety, depression or obsessive-compulsive behaviours can be expressed.

BIPOLAR DISORDER

Bipolar disorder is a condition that affects mainly mood. The word bipolar has two parts: Bi meaning 'two' and Polar meaning 'completely opposite'. The term bipolar refers to the way mood can change between two very different states – mania and depression. Bipolar disorder used to be called manic depression, but this term is not used any more. Some medical professionals may also use the term bipolar 'affective disorder'. 'Affective' means that the disorder relates to mood or emotions.

If someone has bipolar disorder, they are likely to have times where they experience:

- Manic or hypomanic episodes – feeling high
- Depressive episodes – feeling low
- Potentially some psychotic symptoms during manic or depressive episodes.

These experiences are also termed mood episodes or states. Depending on the way these moods are experienced, and how severely they have an effect, a medical professional may diagnose a particular type of bipolar disorder.

Mood episodes can range from severe depression to mania, and anything in between. Sometimes episodes may feel intense and other times someone may feel stable. And some people may never experience certain mood episodes. For example, not everyone with bipolar disorder will experience mania.

We all have changes in our mood, but in bipolar disorder these changes can feel very distressing and have a big impact on life.

Someone may feel that their high and low moods are extreme, and that swings in mood are overwhelming. And they may feel and behave very differently, depending on mood. This can be difficult and confusing. These swings in mood are sometimes called mood episodes or mood states. Not everyone experiences mood episodes in the same way or for the same amount of time.



SELF-HARM

Self-harm is when someone hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. There are no fixed rules about why people self-harm. It really can be very different for everyone. People of all ages and backgrounds self-harm. There is no one 'typical' person who hurts themselves.

Some people have described self-harm as a way to:

- have a sense of being in control
- express something that is hard to put into words
- have something in life that they can rely on
- stop feeling numb, disconnected or dissociated
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- create a reason to physically care for themselves
- escape traumatic memories
- punish themselves for their feelings and experiences
- express suicidal feelings and thoughts without taking their own life.

After self-harming, someone may feel a short-term sense of release, but the cause of the distress is unlikely to have gone away. Self-harm can also bring up very challenging emotions and could make someone feel worse.

Even though there are always reasons underneath someone hurting themselves, it is important to know that self-harm does carry risks. Once someone has started to depend on self-harm, it can take a long time to stop.

For some people, self-harm is linked to specific experiences and is a way of dealing with something that is happening either at the moment or that happened in the past. For others, the reasons are less clear and can be more difficult to decipher.

Any difficult experience can cause someone to self-harm. Common reasons include:

- low self-esteem
- an increase in stress
- pressures at school or work
- loss of a job
- bereavement
- bullying
- breakdown of a relationship
- money worries
- sexual, physical or emotional abuse
- homophobia, biphobia and transphobia
- an illness or health problem
- difficult feelings, such as depression, anxiety, anger or numbness.

Some people self-harm particular areas of their body that are linked to an earlier trauma. Some people find that certain actions, such as drinking alcohol or taking drugs, increase the likelihood of self-harm, or that self-harm is more likely to happen at certain times (for instance, at night).

Sometimes, people talk about self-harm as attention-seeking. If people make comments like this, it can leave people feeling judged and alone. In reality, a lot of people keep their self-harm private, and it can be painful to have their behaviour misunderstood in this way.



OTHER CONDITIONS AND THE EFFECTS ON MENTAL HEALTH

ADHD is a neurodevelopmental condition that makes it difficult for people to concentrate, to sustain attention, to sit still, to follow directions and to control impulsive behaviour. For example, they might speak without thinking first, or notice that they do things impulsively.

Symptoms usually start very early in life, before the age of six. It is not clear exactly what causes ADHD but experts think it might run in families, or it could be to do with the way the chemicals in the brain work.

It has three core characteristics: Inattention, Impulsivity and Hyperactivity. ADHD is a spectrum of traits and so every person with ADHD will be different. For more information and guidance, please visit the [ADHD Foundation Website](#).

Another condition called **attention deficit disorder** (ADD) has similar symptoms to ADHD, but someone won't feel as hyperactive with it. For people with ADD, the main problem is difficulty concentrating.

- becoming easily distracted
- finding it hard to concentrate
- feeling restless or fidgety
- talking a lot and interrupting others
- saying or doing things without thinking.

ADHD can make someone feel out of control. People might not understand what they are going through and could think they are acting out or being difficult, or criticise and punish them unnecessarily. This can make someone feel isolated, depressed, or it can lead to feelings of low self-esteem.



Autism is not a mental health problem. It is a developmental condition that affects how someone see the world and how they interact with other people.

People with autism can have good mental health. However, they often experience mental health problems. According to Autistica, seven out of ten autistic people have a mental health condition such as anxiety, depression or OCD.

The phrases 'on the autism spectrum', or 'autistic spectrum' explain that autism is a spectrum condition, which means it affects people in very different ways. However, there are certain traits that most autistic people experience to some extent, including:

- having intense and specific interests in things
- being over- or under-sensitive to things like loud noises and bright lights, and finding crowded noisy spaces too much
- difficulty recognising or understanding other people's emotions and expressing their own
- preferring familiar routines and finding unexpected changes to those routines upsetting or distressing
- difficulties in understanding body language, understanding sarcasm and facial expressions.

All of these traits can be experienced to lesser or greater degrees. Experiencing one or more of these traits doesn't necessarily mean someone has autism.



Post-traumatic stress disorder (PTSD) happens after experiencing something extremely frightening, like violence, abuse, rape or a life-threatening situation. It can also affect someone if they witnessed something awful happening, such as a serious accident.

Most people take time to get over a traumatic event, but with PTSD, it is impossible to move past the event and dreams, flashbacks or upsetting thoughts about it continue for a long time. Complex PTSD (C-PTSD) is a more serious reaction to a long-lasting traumatic experience, for example abuse, neglect or frequent violence.

Symptoms can appear straight after a traumatic experience, or later on. They are usually noticed within six months of the experience.

The main symptoms of PTSD are:

- avoidance and numbing, where you try to keep busy and avoid thinking about or doing things that might trigger memories of the traumatic event
- flashbacks or nightmares about what happened
- being tense and on guard (hypervigilant) all the time in case it happens again.

Someone may also experience:

- depression
- anxiety
- anger or irritability
- physical symptoms like muscle aches, diarrhoea
- problems sleeping or eating
- survivor's guilt, where they feel bad because others suffered more than them
- problems with alcohol or drug abuse
- difficulty remembering all of the traumatic event.





 Sport
In Mind

 Sport
In Mind

 Sport
In Mind

 Sport
In Mind

 Sport
In Mind

 Sport
In Mind

WHAT IS IT LIKE TO ATTEND A SPORT IN MIND SESSION?



As a charity, we know it can be daunting to go along to a new group (or even contacting a new group about attending), so we thought we'd give you a little information about Sport in Mind's sessions:

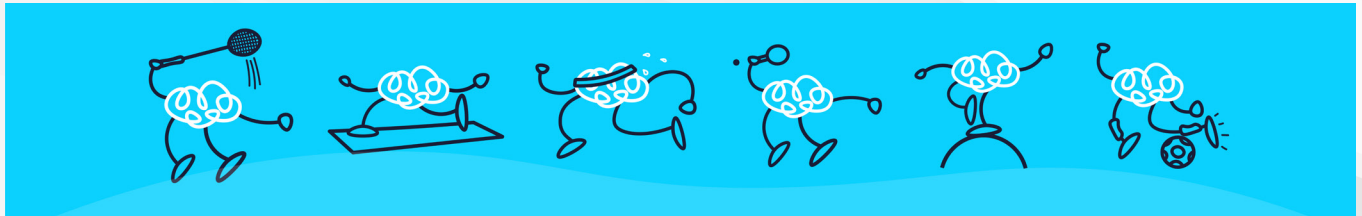
Sport In Mind sessions are not about performance – and that applies to football too. Our coaches facilitate sessions and ensure a safe, supportive and fun environment for all abilities.

The main objective of our football sessions is for people to enjoy playing/being physically active and be engaged in the game in a way in which they are comfortable.

All of our sessions are drop-in, so there is no need to book ahead. Everyone is welcome, whatever your sporting ability, experience or fitness level. Carers are welcome to attend with you, and friends and family members can join in if you need support.

All equipment is provided. Bring water with you and wear comfortable clothes.

Our sessions are always led by friendly and approachable coaches, often supported by enthusiastic volunteers. There is no cost to attend.



WELCOMING

**FOR ALL
ABILITIES**

SAFE

ENGAGING

**DESIGNED TO
MEET
PARTICIPANTS'
NEEDS IN
THE MOMENT,
AT THEIR OWN
PACE**

FRIENDLY

IN FLOW

**A TIME FOR
RESPIRE FOR
PARTICIPANTS**

**FUN AND
ENJOYABLE**

MOTIVATING

**WELL
ORGANISED**

SUPPORTIVE

**AN OPPORTUNITY
TO MEET OTHER
PEOPLE
AND SOCIALISE**

**ABLE TO
FOCUS
ON IMPROVING
THE
PARTICIPANT'S
EXPERIENCE**

For more information about where our sessions take place, take a look at our activity map on the Sport In Mind website, or email or call us:

www.sportinmind.org info@sportinmind.org



“

The impact of our programmes is fantastic to see and all of those who attend our sessions improve their confidence, self esteem and overall mental wellbeing. The feedback from participants and parents is so special to hear.

(Sport in Mind Youth Coach)

CASE STUDY FROM A SPORT IN MIND PARTICIPANT IN OXFORDSHIRE



“As a regular attendee to Sport In Mind football sessions I have experienced what it was to be new and to have stuck around and seen how my friendships and relationships with staff and fellow attendees have bloomed.

As a new attendee, I know it is daunting to leave your comfort zone and to throw yourself into something with new people. All I can say to those of you considering coming is that it will be a potential life-changing decisions for the better. Having seen dozens of people take the plunge and then becoming permanent fixtures at the sessions speaks for itself.

To see so many people who are in a similar situation as you is so reassuring and to see how much fun they have and how much friendship there is on display is amazing. To know that you are not alone and that you can have a new safe space and actually have fun and make new friends is something I didn't always feel would be possible. To know that you can give yourself something to look forward to and something you are always welcome to can make your outlook a much more positive one.

I have been a long-term member and have seen over and over new people come and have watched people's entire demeanour change for the better. Seeing people become confident, fitter and happier week on week is testament to the work sport in mind do. I cannot say enough good things about what I have experienced from these amazing people running these amazing sessions.”

CASE STUDY FROM A SPORT IN MIND PARTICIPANT IN OXFORDSHIRE



"I came across Sport In Mind when I was looking for a group after we came out of the restrictions in the first phase of the pandemic. I'd really noticed during that time how important getting outside was for my mental health and I'd been surprised with how much I'd missed socialising. I wanted to find an exercise group that was open and inclusive and not too intense about the exercise. Sport In Mind sounded perfect.

I was nervous going to the first session and meeting a group of strangers for the first time as I didn't know what to expect, but I have honestly felt like part of a family from that first session. Everybody was super-welcoming and they always are, particularly for any newcomers to a session. Everyone looks out for each other and supports each other, even if that's just a friendly ear. What I like about Sport In Mind's sessions the most is how inclusive it is: all abilities are welcome.

The combination of fresh air, exercise, and a chat with friends has definitely made a positive impact on my mental health through the years."

SIGNPOSTING



If you would like more information about mental illness, start by contacting your GP. If you have a support worker, speak to them.

You might prefer to contact an organisation. Here are a few that offer help:

- Samaritans - Confidential support for people experiencing feelings of distress or despair.
Phone: **116 123** (free 24-hour helpline)
- Mind - Support and advice for people living with mental illness.
Phone: **0300 123 3393** (Monday to Friday, 9am to 6pm)
- Rethink Mental Illness - Support and advice for people living with mental illness.
Phone: **0300 5000 927** (Monday to Friday, 9.30am to 4pm)
- CALM - CALM is the Campaign Against Living Miserably, for men aged 15 to 35.
Phone: **0800 58 58 58** (daily, 5pm to midnight)

For more information about where our sessions take place, take a look at our activity map on the Sport In Mind website, or email or call us.

www.sportinmind.org / info@sportinmind.org **0118 947 9762**

For more information on getting into football in Oxfordshire, please Oxfordshire Football Association via support@oxfordshirefa.com or 01993 778586 www.oxfordshirefa.com

SUPPORT & GUIDANCE FOR OXFORDSHIRE FA MEMBERS



The FA provide guidance, support and training to club officials through e-learning, courses and various documents on the England Learning website.

This guide is designed to add value to the football specific support provided by England Learning for Club Welfare Officers and wider club network.

You can find further guidance below, but if you require further help, please get in touch with Oxfordshire FA.

Oxfordshire FA – Mental Health & Wellbeing Hub

Oxfordshire FA have a dedicated page to supporting their members with various local and national guidance. You can find out more information [HERE](#)

FA Welfare Officers Course

The FA provide guidance, support and training to club officials through e-learning, courses and various documents on the England Learning website. This guide is designed to add value to the football specific support provided by England Learning for Club Welfare Officers and wider club network. You can find further guidance below, but if you require further help, please get in touch with Oxfordshire FA. [HERE](#)

Player Welfare in Open Age Football

This FREE online course will help you understand more about player welfare and why it is important. This course also covers the impact of mental health and mental illness on players and the support available. You can find out more information [HERE](#)

FA Safeguarding Courses

Safeguarding is everyone's responsibility. There are a number of courses which can support you learn how to implement best practices. You can find out more information [HERE](#)



OXFORDSHIRE FA:

www.oxfordshirefa.com

Support@Oxfordshirefa.com

SPORT IN MIND:

www.sportinmind.org

Copyright © Sport in Mind 2023