



MENTAL HEALTH

- SPOTTING THE SIGNS
- SUPPORTING
- SIGNPOSTING

In partnership with



And members of The FA's
Mental Health Advisory Group

FOR COACHES AND MANAGERS
IN ADULT FOOTBALL CLUBS

Version: 1.1

Published: SEPTEMBER 2019



Heads Up
TheFA For**ALL**



Heads Up
The FA For **ALL**

These guidance notes form part of a wider campaign, called 'Heads Up'. The campaign harnesses the influence and popularity of football to help show the world we all have mental health and it's just as important as physical health. It also builds on decades of work to tackle the stigma and drive the conversation on mental health.

'Heads Up' is a partnership between The FA and Heads Together, which is a mental health initiative spearheaded by The Royal Foundation.

Heads Together combines a campaign to change the conversation on mental health with fundraising for a series of innovative mental health services.

'Heads Up' has four charity partners – Mind, CALM, Sporting Chance and Heads Together.

To read more about the 'Heads Up' campaign, [click here](#).

Throughout this guidance we use the term 'mental health problems'. This is the most widely-used term – and preferred by people with lived experience.

“At every level, sport can be used to reduce stigma and encourage positive conversation about mental health. As the national sport, football is clearly a key driver and the role of grassroots coaches is pivotal. It's time to move the conversation on from physical wellbeing to mental health and wellbeing.”

Paul Farmer, Chief Executive, Mind

This is the first in a series of mental health guidance notes The FA intends to publish, each one with a different theme and a different audience. As on the front cover, this one is aimed at coaches and managers in the adult game. The theme is predominantly, but not exclusively, intended to create awareness of mental health problems in men, as this is a stated priority for the overall 'Heads Up' campaign.

CONTENTS

3	THE ROLE YOU CAN PLAY BY GREG CLARKE, FA CHAIR
5	MENTAL HEALTH: WHAT ARE WE TALKING ABOUT?
7	WHAT ARE WE TRYING TO TACKLE?
9	HOW YOU CAN HELP:
11	SPOTTING THE SIGNS
12	SUPPORTING
15	SIGNPOSTING
18	LOOKING AFTER YOURSELF
20	FURTHER INFORMATION AND SPECIALIST ORGANISATIONS
23	TIPS ON HAVING A CONVERSATION ABOUT SOMEONE'S MENTAL HEALTH
25	ACCEPTABLE LANGUAGE
27	FREQUENTLY-ASKED QUESTIONS (FAQs)
33	THE LEGAL FRAMEWORK
34	THE FA'S MENTAL HEALTH ADVISORY GROUP

THE ROLE YOU CAN PLAY



At The FA we believe that playing football is not only great for physical health and fitness, but it can also improve mental wellbeing. Everyone has a level of mental health, exactly as they do their physical health and we think it's time for everyone to pay as much attention to their mental fitness as their physical fitness.

As a coach and/or manager you are in an excellent position to help maintain and improve players' mental health and are probably already doing this without knowing. That's because we know being active has a positive impact on mental health and wellbeing – as a coach and/or manager, that's what your role promotes. Mental health is also better when you have a support network around you such as

friends, colleagues and teammates – which football provides.

This means you're already delivering opportunities to maintain and improve mental health. You're providing access to enjoyable exercise and as an output from your work, you're increasing self-esteem and confidence, reducing isolation, creating a sense of belonging and improving social skills. And that's just a few of the benefits!

Nevertheless, as the statistics on **page 7** show, mental health is a problem in our country. And some simple numbers show football has a big role to play.

The population of this country is 55.62 million. The football community in England includes approximately 16 million people. That covers players, coaches, referees, club officials, volunteers and parents/carers – participating week-in, week-out across the nation.

In relation to our mental health, one in four adults in England will experience a mental health problem every year. That means approximately four million people within the football community may experience mental health problems in the next 12 months. In turn, it also means if we can improve the mental health of the football community we will be significantly contributing to the mental health of the nation.

These guidance notes are specifically written for coaches and managers in the adult game, but we also plan to produce separate guidance notes for those working in youth (under-18) football. We are committed to working to support all parts of the game in their mental health, from our elite athletes at St. George's Park to our FA staff, and we will be releasing our full mental health strategy later in the season.

But there's one thing we want to make clear, which you'll see repeated several times in these guidance notes:

No-one expects coaches and managers – or anyone with a voluntary role in football – to become mental health experts. All we want, as the title of this document suggests, is to help you **spot the signs, feel confident to support – and then signpost people to specialist help.**

A handwritten signature in black ink, appearing to read 'G Clarke'.

Greg Clarke
Chair, The Football Association





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“Mental health problems can affect anyone, but it’s a fact that people from black and minority ethnic groups in England are more likely to be diagnosed with mental health problems than anyone else. Getting this talked about – and the reasons behind it, such as discrimination – is so important if we are to stimulate positive change. It follows that helping coaches and team managers who have BAME players in their team to understand a bit more about mental health is vital.”

Dr. Colin King, Head Coach at Black and Asian Coaches Association – and mental health survivor

MENTAL HEALTH: WHAT ARE WE TALKING ABOUT?

MENTAL HEALTH

Like physical health we all have mental health too. Just as our bodies can become unwell, so can our minds. As with our physical health, having a mental health problem can affect us all regardless of age, race, religion or income level. It is not the result of personal weakness or lack of character.

The World Health Organisation defines good mental health as a state of wellbeing (see below) in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

MENTAL WELLBEING

Wellbeing describes the wider set of feelings and thoughts that influence our emotions and day-to-day behaviour. It is influenced by a broad set of factors such as the quality of and engagement with: relationships, housing, employment, finances, physical and mental health, etc.

Our mental wellbeing can change, from day-to-day, month-to-month or year-to-year. It can be characterised by times when you are or aren't feeling confident, engaged with the world, living and working productively – and are or aren't coping with the stresses of everyday life.

See 'Looking after yourself' on **pages 18/19** for five steps everyone can take towards positive mental wellbeing.

MENTAL HEALTH PROBLEMS

Mental health problems cover a range of conditions involving changes in emotion, thinking or behaviour (or a combination of these).

The experiences and symptoms of no two individuals are the same – we're all unique and so are the mental health problems we may encounter.

The most common mental health problems you are likely to encounter as a coach/manager are anxiety and depression, or a mixture of the two. However, there's a wide range of conditions or problems which fall within the scope of mental health problems. If you want to know more, visit:

www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction

Acceptable language: Related to the above definitions, see **page 23** for a list of what's acceptable and what's not in everyday language when talking about mental health.



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“I have a mental health condition called schizoaffective disorder and PTSD (post-traumatic stress disorder). Alongside specialist medical help, involvement in football has helped bring me out of darkness and feeling alone. The stigma around mental health needs to be broken. Players, fans all over the world in every walk of life suffer. Let’s change this.”

Tracey Brown, who runs Chelsea FC LGBT Supporters Group, Chelsea Pride



WHAT ARE WE TRYING TO TACKLE?

Using the reach of football to improve mental wellbeing can help tackle some of the statistics below. But it's not about statistics. It's about doing what we can to improve individual lives.

A collective effort across football can make a positive difference.

£105BN

THE ESTIMATED ANNUAL ECONOMIC AND SOCIAL COST OF MENTAL HEALTH PROBLEMS¹



MENTAL ILLNESS ACCOUNTS FOR

23%

OF ALL ILLNESS IN THE UK¹

SUICIDE IS THE LEADING CAUSE OF DEATH OF MEN

15-49YRS



50% OF ALL MENTAL HEALTH PROBLEMS

ARE ESTABLISHED BY THE AGE OF **14**, RISING TO **75%** BY THE AGE OF **24**¹

EVERY 2HRS



SOMEONE IN ENGLAND/ WALES TOOK THEIR OWN LIFE IN 2017³

65.6MN

PRESCRIPTIONS FOR ANTIDEPRESSANTS WERE DISPENSED IN ENGLAND IN 2016/17. THIS IS A 6% INCREASE FROM 2015/16 AND A CONTINUATION OF A LONG-TERM UPWARD TREND WHICH HAS SEEN PRESCRIPTIONS MORE THAN DOUBLE OVER THE LAST DECADE⁴

WOMEN ARE UP TO THREE TIMES MORE LIKELY TO EXPERIENCE A MENTAL HEALTH PROBLEM THAN MEN²

DEPRESSION IS ONE OF THE LEADING CAUSES OF HEALTH PROBLEMS IN THE WORLD: EXPERIENCED GLOBALLY BY MORE THAN **300MN PEOPLE OF ALL AGES**. THIS IS AN INCREASE OF **10% OVER THE LAST 10 YEARS**⁵

¹From 'Coping Through Football' Evaluation Report (Sept 2018) ²Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 www.content.digital.nhs.uk/catalogue/PUB21748 ³Office for National Statistics (2018) Suicides in the UK: 2017 registrations www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations ⁴NHS Business Services Authority (2018) Antidepressant Prescribing 2015/16 and 2016/17 www.nhsbsa.nhs.uk/prescription-data/prescribing-data/antidepressant-prescribing ⁵The World Health Organization (2017) Depression fact sheet www.who.int/mediacentre/factsheets/fs369/en/





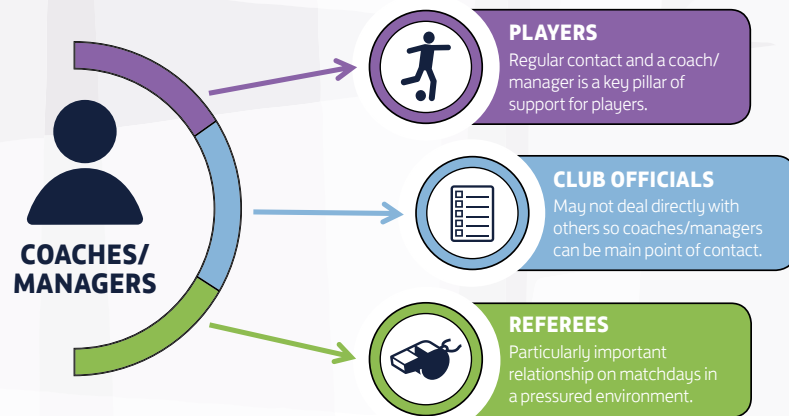
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“Talking to someone and asking for help was the starting place in my own journey of recovery and today I look after my mental wellbeing like I look after my physical wellbeing. Within adult football, coaches and managers are well-placed to encourage people to talk about their mental health. They can help normalise the whole topic – which can only be beneficial to individuals and wider society.”

Tony Adams, Founder of Sporting Chance

HOW YOU CAN HELP

Coaches and managers in adult football come into contact more often with more of the game's participants than anyone else:



Inevitably, there will occasionally be times when something about a person – possibly one of your players – concerns you.

If that concern is around their mental health, these guidance notes are intended to help you:

- **Spot the signs;**
- **Support someone you're concerned about;**
- **Signpost them to specialist help, if needed.**

The following pages provide tips and information on all the above. Please also see **pages 18/19** 'Looking after yourself' for tips on maintaining your own wellbeing.

“When I first suffered mental health problems some 10 years ago, it was taboo. Like a lot of people, I just wanted to isolate myself. However, because talking about mental health problems can really help, I'm 100% behind anything which creates awareness in the coaching and management community – and helps coaches and managers look after themselves and those around them.”

Martin Ling, Director of Football, Leyton Orient

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“A serious injury kept me out for six months. I didn’t know how to cope – football was my life. I turned to alcohol to ease the pain of not playing and it spiralled out of control. Then I had a conversation with then Lionesses’ head coach Hope Powell who said I needed to get professional help and pointed me in the right direction. Through that help, I got myself together again. My career is now over, and of course, I still get down on occasion, but I now have a support structure in place. It was that conversation with Hope, my coach, that signposted me to recovery. The role of coaches is enormously important.”

Kelly Smith, former England women’s international

SPOTTING THE SIGNS

While there may be common signs/symptoms, the way people experience mental health problems can be very different. The signs you might identify as a football coach/manager could include:

NOTICEABLE DISINTEREST:

- Becoming withdrawn – in training sessions, before and after matches;
- Not turning up for matches or training, despite having been quite engaged in them previously;

BEHAVING OUT OF CHARACTER:

- Turning up late, drinking more alcohol after matches, smoking, showing unusual anger or violence in training/matches;
- Gaining or losing weight very quickly;
- Appearing tired, anxious or 'scruffy'.

SPECIFIC SYMPTOMS:

- Over-exercising as a form of self-harm;
- Experiencing anxiety or panic attacks;
- Having suicidal feelings or talking of harming themselves.

This is not an exhaustive list, but the above are all potential indicators. But please be aware other things may be triggering these behaviours. For example, a bereavement or being a victim of adult abuse and/or discrimination. If you work in open-age disability football, you can find out more about adult safeguarding by [clicking here](#).

Of course, you may already be aware of a mental health problem of one of your players. If so, it's important you bear this in mind in your training sessions and on matchdays.

There's some guidance on this topic in Mind's 'Sport and physical activity for people with mental health problems: a toolkit for the sports sector' on page 27 ('The reasonable adjustments you can make'). This can be downloaded at: www.mind.org.uk/media/23415439/guides-1-to-4_sport-and-physical-activity.pdf

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"I don't want to play next week – I just don't feel up to it."

"I don't know why, but I'm worried about everything at the moment – and I'm sleeping really badly."

"I don't feel like training this week."

SUPPORTING

If you think someone you come into contact with through your role as a football coach/manager is experiencing a mental health problem, follow the **ALERT** acronym to support them:

ASK discreetly if they want to talk about it. If they say yes, then it's about finding the right setting – somewhere private where the person feels comfortable and equal, e.g. a café or football club bar/function room when quiet.

Don't worry about asking someone directly about how they're feeling. There is no evidence that asking sensitive questions makes the situation worse. Instead, the simple act of being asked and being able to talk about how you are feeling¹ is much more likely to be helpful.

¹Dazzi et. Al. (2014): www.ncbi.nlm.nih.gov/pubmed/24998511

LISTEN attentively. Ask simple, open and non-judgmental questions. Let the person explain in their own words how they're feeling. Try not to assume you already know what may have caused their feelings, or what will help. Please also see 'Tips on having a conversation about someone's mental health' on **page 23**.

ENCOURAGE people to seek advice, where appropriate. You're not expected to be a mental health professional. See 'Signposting' on **page 15** for potential sources of support.

REASSURE the person that they're not alone. Seeking help can feel lonely, and sometimes scary. Let them know there is support out there – and that you can help signpost them to the help they may need.

TELL a specialist person if you think urgent action is needed. See the 'In an emergency' guidance on **page 16**.





SOMETIMES PEOPLE DON'T WANT HELP

If you feel someone in your football life is struggling but can't or won't reach out for help, and won't accept any help you offer, it's understandable to feel frustrated, distressed and powerless. But it's important to accept that they are an individual, and that there are always limits to what you can do.

As a guide, you can't:

- Force someone to talk to you;
- Force someone to get help;
- See a doctor for someone else.

“You often hear coaches or managers encouraging players to express themselves. Our work shows that getting people expressing themselves off the field from an early age can be hugely beneficial in later life – and builds resilience to mental health problems before they start, or when they arise. Using football to start these conversations comes so naturally to so many people, so let's use that power.”

Jasper Kain, Co-Director, Football Beyond Borders



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“There is an overwhelming mountain of research to show that the best way to protect against mental health problems is to draw on active friendship groups. As a team sport, football produces such groups in abundance, so getting people talking and listening can help ensure we don’t ‘over-medicalise’ emotions that are often normal reactions to life events.”

Professor Sir Simon Wessely, President of the Royal Society of Medicine

SIGNPOSTING

If you feel someone needs support outside your role as a coach/manager after you've listened to them, here's some advice you could pass on:

- **Talk to a family member or friend, if appropriate:** Sometimes people just want to talk to someone they trust.
- **Visit their GP:** If they feel comfortable visiting their GP, let them know GPs have general knowledge in the area of mental health problems, and are also the gateway to specialist mental health services.
- **Contact their Employee Assistance Programme:** Assuming they are in employment and their organisation has this type of support available. Such programmes could also provide a route to specialist help.
- **Contact a specialist mental health organisation:** Support can be either general or specific. Please see 'Further information and specialist organisations' on **page 20**.

It's important for you to maintain boundaries, so before you signpost anyone, you could say:

"I'm sorry to hear you're having a tough time at the moment/feeling like this right now. As your coach/manager I'm not the best person, or qualified, to give you advice about this. But I can suggest other people/organisations who can help, if you'd like."

This shows you understand and believe the person, but also explains the reason for the boundary.



IN AN EMERGENCY:

In the unlikely event of you being faced with an emergency, here's some advice. An emergency could arise should one of your adult players:

- Have harmed themselves and needs medical attention;
- Be having suicidal feelings, and feels they may act on them;
- Be putting themselves or someone else at immediate, serious risk of harm.

IN THE ABOVE CASES:

- If they are not safe by themselves right now – as long as you feel able to do so, you should stay with them and help them call **999** for an ambulance, or help them get to A&E. They may appreciate it if you can wait with them until they can see a doctor.
- If they can keep themselves safe for a little while – you can get quick medical advice by calling NHS Direct on **111**, or you could help them make an emergency GP appointment to see a doctor.
- You can also encourage them to call the Samaritans on **116 123**.
- Alternatively, they can text 'HeadsUp' to 85258 to connect with a trained crisis volunteer, who will chat to them by text message, sharing only what feels comfortable, and help them through the moment, working together on a plan for longer-term support. This service is available 24/7 and free to text from most mobile networks.
- Also see 'Further information and specialist organisations' on **page 20**.
- If you feel personally in danger right now, or that others are in immediate danger – you can dial 999 and ask for the Police to help. You might feel worried about getting someone in trouble, but it's important to put your own safety first. However, research shows that people with mental health problems are more likely to harm themselves than other people.
- An emergency might also arise if the adult discloses they are being harmed by someone and that they, or other adults, are at risk. You can seek advice from your local County FA Designated Safeguarding Officer (see below) or in an emergency adult services or the Police. **Click here** for a list of all County FA websites, which will list key personnel, such as the County FA Designated Safeguarding Officer.





“I’d lost my way and became involved in drug abuse. My life spiralled from there into depression and anxiety, as well as being homeless three times. To cut a long journey short, through the Amber Foundation in north Devon and Exeter City’s Opportunity Club, I’ve gone on to take my FA Level 1 coaching course and I’m now head coach of a Powerchair team. Football has really helped me turn my life around.”

Shane Barker, coach

Please note: These guidance notes only relate to encountering mental health problems in adults – i.e. in football, that means people aged 18 and over. Separate guidance will be issued for spotting the signs, supporting and signposting children (under-18s).

If you’re a coach/manager in adult football, but have an under-18 player(s) in your team and you are concerned for their emotional wellbeing or mental health you should first raise your concern with their parent(s)/carer(s). Parents and carers can talk with their child and involve their GP and/or school.

Further potential signposts include:

Heads Up text service on 85258. Just text 'HeadsUp' to connect with a trained volunteer. The service is available 24/7 and free to text from most mobile networks.

ChildLine has a website and helpline for young people with advice and information on self-care and accessing support: www.childline.org.uk/info-advice/your-feelings/mental-health/

Young Minds has information for parents and young people: www.youngminds.org.uk/find-help/

LOOKING AFTER YOURSELF

Helping someone with a mental health problem can be very rewarding. But it can also be time-consuming and emotionally overwhelming.

Here are five evidence-based tips¹ to support your own wellbeing and the wellbeing of others.

No	Tip	Description	For example, in football:
1	CONNECT	Feeling close to, and valued by, people is a fundamental human need and one that contributes to functioning well in the world. Social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.	• Connect with other coaches, parents and your club's supporters; • If you're not already, become a member of The FA Licensed Coaches Club; • Attend coaching events; • Be active on HIVE, The FA's interactive coaching website; • Develop your own network – where can you go for help/advice?
2	BE ACTIVE	Regular physical activity is associated with lower rates of depression and anxiety across all age groups. Exercise is essential for slowing age-related cognitive decline and for promoting wellbeing.	• Sit less and stand more; • Walk around the pitch to reflect; • Practise what you preach – stay active.
3	TAKE NOTICE	Reminding yourself to 'take notice' can strengthen and broaden awareness. Studies show that being aware of what is taking place in the present directly enhances your wellbeing and savouring 'the moment' can help to reaffirm your life priorities.	• Set realistic goals for yourself and your team/players; • Also set sub-goals – e.g. number of shots on goal, number of corners etc. • Embed 'Plan-Do-Review' from the England DNA in your training sessions; • Be creative when devising your sessions/drills – and encourage creativity from your players; • Lead by example and create a positive environment where players can take risks; • Make sure your players understand what you're trying to achieve.

No	Tip	Description	For example, in football:
4	KEEP LEARNING	Continued learning through life enhances self-esteem and encourages social interaction and a more active life. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing.	- Learn through observation of other coaches and then reflect; - Once a week, check out 'The Boot Room', The FA's online coaching resource; - Get involved in HIVE and upload your own feedback/ideas; - Take the next Level FA coaching badge; - Identify your personal goals for the season and encourage players to do the same.
5	GIVE	Research shows that giving makes you happier. People with a greater interest in helping others are more likely to rate themselves as happy.	- Say thank you to your players, the opposition, match officials and volunteers; - Give extra coaching time to someone who needs to practise a particular skill or technique; - Smile and create fun whether in training or on matchdays.

On a day-to-day level, try to:

- Take a break when you need it to put football into context – it's a game which should be fun and enjoyable;
- Talk to someone you trust if you're not feeling well;
- Set limits and be realistic about what you can do.

For more ideas about how to keep yourself well, **click here** for some advice on improving and maintaining your wellbeing and **click here** for advice on managing stress.

²From the New Economics Foundation 'Five Ways to Wellbeing': www.neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf

FURTHER INFORMATION AND SPECIALIST ORGANISATIONS

WITHIN FOOTBALL:

Contact your County FA to see if they are running any initiatives around mental health. **Click here** for a full list of County FA contact details.

GENERAL INFORMATION:

- **Mind InfoLine: 0300 123 3393**
The Mind Infoline can help find specialist services in your area.
- Mind website: www.mind.org.uk/

HELPLINES AND LISTENING SERVICES:

- **Samaritans:** 24 hours a day, 365 days a year. **Call 116 123** (free from any phone).
- **SANeline: 0300 304 7000** (4.30pm–10.30pm every day).
- **HeadsUp:** For immediate support text HeadsUp to **85258** to chat by text to a trained and supervised volunteer. Free, confidential and available 24/7.
- **CALM** (Campaign Against Living Miserably): **0800 58 58 58** (5.00pm to midnight, 365 days a year).

For more options, visit the **Helplines Partnership** website for a directory of UK helplines: www.helplines.org/helplines/

Directory of organisations/services offered:

Here is a selection of organisations which provide general or specific support for people with mental health problems. It is not an exhaustive list, but is included to provide some useful pointers.

Primarily for	Organisation	Website	Services offered
Anyone	Mind	www.mind.org.uk/	• Information resources; • Online peer support community; • Info and legal lines; • Network of around 130 local Minds across England and Wales, delivering a range of community-based peer support, advocacy and support services
	Mental Health Foundation	www.mentalhealth.org.uk/	• Conducts practice-informed research, disseminating resources and learning; • Champions mindfulness through BeMindful resource and directory.
	Rethink Mental Illness	www.rethink.org/	• Network of 140 peer support groups; • Over 200 plus services, including supported housing, 1-2-1 help for carers, to group activities for people leaving hospital.

“I am not a great socialiser and sometimes feel uncomfortable around people I am not familiar with. Football offers me a release mechanism. Even if I’m feeling low I’ll go and watch my team. It gets me out and it feels secure and familiar. I love the way football brings people together. I’ve now helped set up a fan-led physical activity group with Southend United called ‘Battling the Blues’. It aims to support men with depression to get more active and talk to one another about their experiences.”

Robert Askew, fan, Southend United

CONTINUED ON
OPPOSITE PAGE.

Primarily for	Organisation	Website	Services offered
Anyone	Time to Change	www.time-to-change.org.uk/	• Social movement to change attitudes and behaviour towards people with mental health problems to improve. Works in schools, workplaces and the community.
	Sane	www.sane.org.uk/what_we_do/about_sane/	• Helpline and Textcare; • Online Support Forum.
	NHS England	www.england.nhs.uk/mental-health/	• See website for range of services.
	NHS (IAPT) Improving Access to Psychological Therapies	www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008	• See website for range of services.
The professional player	Sporting Chance	www.sportingchanceclinic.com	• Confidential assessment, One to one counselling, Residential treatment for addictive disorders.
LGBT+	Switchboard	www.switchboard.lgbt/	• Helpline: 0300 330 0630 (10am–10pm every day); • Messaging and email service.
Men	CALM	www.thecalmzone.net/help/get-help/	• Helpline and Webchat are open every day, 5pm-midnight, for anyone who needs support.
	Movember	www.uk.movember.com/	• See website for range of services/projects, all aimed at combatting premature death in men from suicide, prostate and testicular cancer.
Under-25s	The Mix	www.themix.org.uk/	• 1-2-1 chat and messenger services; • Discussion boards; • Information.
Veterans	Combat Stress	www.combatstress.org.uk/	• Specialist treatment programmes; • Peer-to-peer support groups; • Helpline.
Condition-specific	Anxiety UK	www.anxietyuk.org.uk/	• Self-help groups; • Support to access therapy.
	Bipolar UK	www.bipolaruk.org/	• Online peer support groups; • Regional support groups.
	Beat	www.beateatingdisorders.org.uk/	• Online peer support groups; • Regional support groups.
	Gamcare (gambling problems)	www.gamcare.org.uk/	• Helpline: 0808 8020 133, 8am to midnight, seven days a week. • Live chatroom etc. (see website).

For substance-misuse issues:

- Contact a relevant support organisation (**click here** for a list of organisations to which Mind signposts);
- Use the **NHS** search to find local drug treatment services;
- See a GP.



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“I’m very lucky that my coaches offered me support in my darkest times, but I’m very aware that some other coaches wouldn’t have been the same. My aspiration is that every single coach is at least aware of mental health and the issues that players can face.”

Ruth Fox, St Ives Town Ladies midfielder

TIPS ON HAVING A CONVERSATION ABOUT SOMEONE'S MENTAL HEALTH

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

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

OTHER IDEAS TO GET THE CONVERSATION STARTED INCLUDE:

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

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

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

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

If someone is in urgent need of help you should always signpost them to support (see **page 16**). Reflect back actual words they have used, as this can encourage them to open up more.



DURING THE CONVERSATION:

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

CLOSING THE CONVERSATION:

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





ACCEPTABLE LANGUAGE

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

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

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

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

OTHER COMMON MISTAKES:

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



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Football is great for an individual’s mental health. Apart from the social and fun element, football brings routine, discipline, belonging, communication and structure into an individual’s life. These are really important elements in maintaining wellbeing – and in helping recovery from a mental health problem.”

Lauren Asquith, Equality, Diversity and Inclusion Manager, Derby County Community Trust

FREQUENTLY-ASKED QUESTIONS (FAQs)

Q: How does this whole subject link to 'safeguarding' at my club?

A: In 2014, the Care Act changed the words 'vulnerable adults' to 'adult at risk'. This is someone who is over 18 and:

- Has care and support needs* *and*
- Is experiencing, or at risk of, abuse or neglect, *and*
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

*Care and support needs are those which may be needed by people who have physical or mental health conditions or impairments.

Being adult with a mental health problem does not make a person an 'adult at risk'. The term 'adult at risk' only applies when all three factors above occur together.

If you think the person talking to you is at risk of abuse or neglect you should explain that you need to seek advice. You can call your local County FA Designated Safeguarding Officer or, in an emergency, adult services or the Police.

If you are concerned about the welfare of a child (under-18) you must report this either to your Club Welfare Officer or to your County FA Designated Safeguarding Officer. You can also ring the local children's services or the NSPCC helpline for advice: **0808 800 5000**. In an emergency, call the Police on **999**.





Q: I've heard the term 'mental health crisis'. What does it mean?

A: A mental health crisis is when an individual feels their mental health is at breaking point. For example, they might be experiencing:

- Suicidal feelings or self-harming behaviour;
- Extreme anxiety or panic attacks;
- Psychotic episodes (such as delusions, hallucinations, paranoia or hearing voices);
- Other behaviour that feels out of control, and is likely to endanger themselves or others.

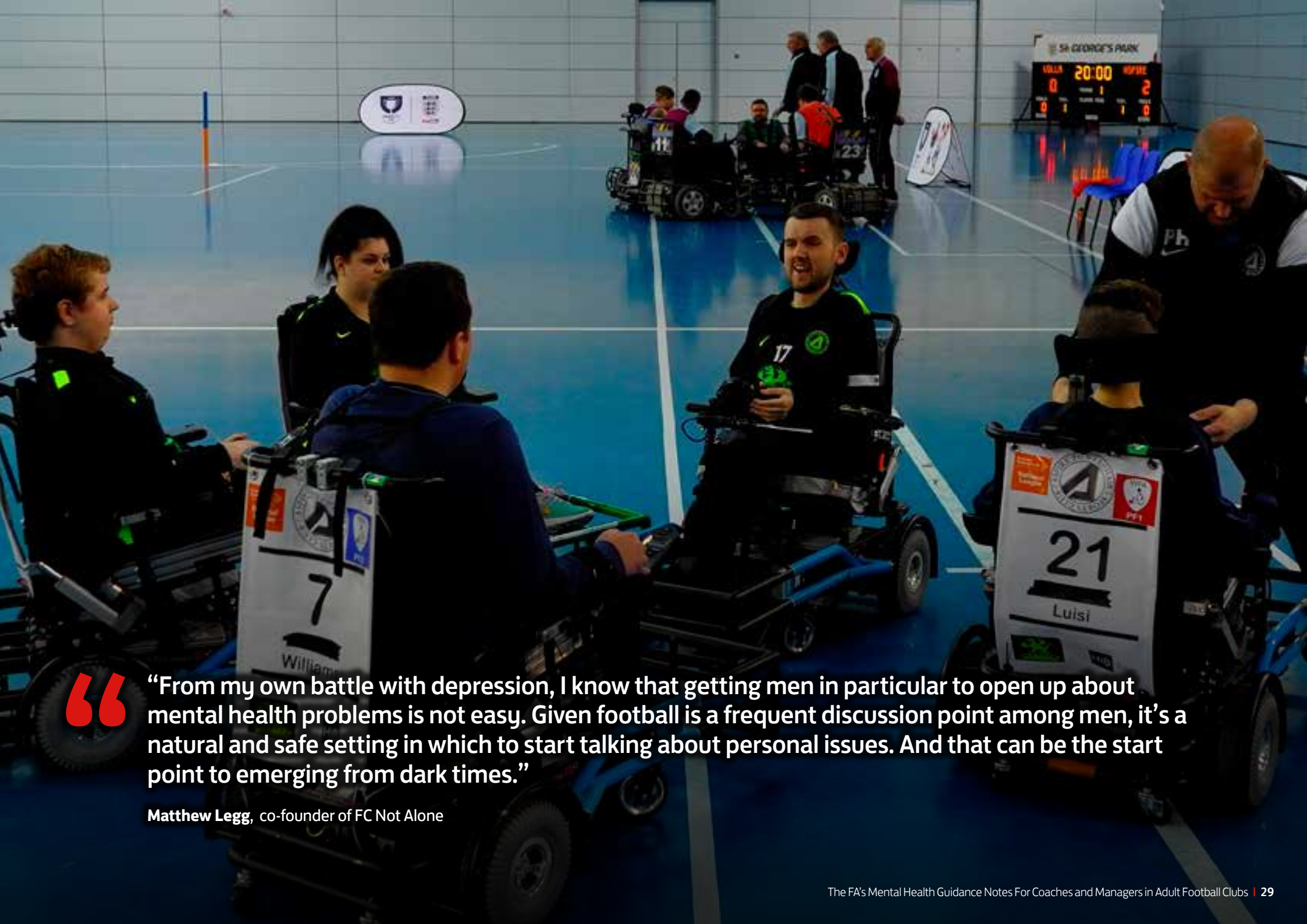
Q: If someone discloses a mental health problem to me should I tell other people in my club what I know?

A: No, unless you have very serious concerns about somebody's safety, then being discreet and respecting someone's confidentiality is essential. However, if you think that by sharing the information with another person, for a very clear and specific reason, could help the person, you should seek the person's clear and specific consent to this. If you think the adult might be at risk of abuse or neglect, please see the response to the first question above.

Q: I, or someone I know, have experienced mental health problems and have found certain treatments helpful. Should I recommend such treatments to someone else?

A: No. It is not your role to recommend specific treatments as you are not clinically trained (unless you are a mental health professional) and it is outside the boundaries of your role as a coach/manager. It is okay to talk about your personal experiences and how you manage your mental health – that's to be encouraged. If you have found a particular treatment was helpful for you then it's fine to talk about it as it could be useful to the other person – but don't specifically recommend it.

That's because what worked for you may not necessarily be helpful or appropriate for somebody else. It is important to gently encourage people to get advice from their doctor.



“From my own battle with depression, I know that getting men in particular to open up about mental health problems is not easy. Given football is a frequent discussion point among men, it’s a natural and safe setting in which to start talking about personal issues. And that can be the start point to emerging from dark times.”

Matthew Legg, co-founder of FC Not Alone

Q: What if one of my players comes up to me randomly and says “I’m depressed”?

A: If they are starting off in such an upfront way, and being very open and honest, this might suggest that they are happy to have an open conversation so you could respond by asking if they are comfortable with telling you a little more.

You don’t need to be an expert on mental health to offer support. In this instance your response may depend on how well you know the person, but whatever the relationship you have with the person they are reaching out to you for your support. Try and follow the tips in these guidance notes. The main response should be to make the time and space to have a conversation about how they are feeling and signpost to appropriate support.

Q: Are there any circumstances when it’s permissible to break confidentiality?

A: You should consider breaking confidentiality (telling someone outside of your club or group), if the person is:

- **In immediate danger:** if a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to seek such support – call **999**.
- **Physically present at your club and experiencing a crisis:** You should act to get them support. This may involve contacting a mental health professional, or if they are an ‘adult at risk’, their emergency contact. You should already have an emergency contact in place for any adults at risk.
- **Planning to take action which will put others at risk:** For example, stepping in front of a train, as this constitutes a risk of harm to others and you should call **999**.
- **In your view, at risk of abuse or neglect:** If you think the person talking to you is at risk of abuse or neglect you should explain that you need to seek advice. You can call your local County FA Designated Safeguarding Officer or in an emergency adult services or the Police.
- **Under 18:** If you think a child (under-18) is at risk of abuse or neglect you must report this either to your Club Welfare Officer, to your County FA Designated Safeguarding Officer or you can ring the NSPCC helpline for advice: **0800 800 5000**.

For more information, Mind offers a range of downloadable resources for sport at: www.mind.org.uk/sport



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“I know from my own work that holistic player development should be an integral part of the coaching core curriculum. That means being able to discuss a player’s emotional health as well as their physical health. The key message is that it’s good to talk and important to listen. Coaches and team managers can be the ‘champions of change’ in normalising conversations around mental health.”

Manisha Tailor MBE, Lead Foundation Phase, QPR Academy and author of ‘Child In Mind’

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

Alex Welsh, Chief Executive, London Playing Fields Foundation



THE LEGAL FRAMEWORK

There are several pieces of legislation related to mental health, which also cover the rights of those with mental health problems.

To read about the legal framework around mental health, visit:
www.mind.org.uk/information-support/legal-rights/

“At a cultural and societal level, we know the beautiful game has an important role to play in the way we deal with issues including mental health and suicide. Being there for your mates when things get tough, whether you're playing or supporting, winning or losing, creates strong bonds that can genuinely save lives. Football can connect people and be a vehicle for conversations and support across the game.”

Simon Gunning, CEO of the Campaign Against Living Miserably (CALM)



THE FA'S MENTAL HEALTH ADVISORY GROUP

Professor Sir Simon Wessely: President of the Royal Society of Medicine

Alex Welsh: Chief Executive, London Playing Fields Foundation

Hayley Jarvis: Head of Physical Activity, Mind

Sam Perks: Sector Support Lead for Physical Activity, Mind

Matt Fossey: Director of the Veterans and Families Institute for Military Social Research, Anglia Ruskin University, Senior Associate, Centre for Mental Health, London

Tamsyn Woodman: Football Development, Surrey County Football Association

Dr Colin King: Football coach, UEFA 'A' Licence holder, Safeguarding Tutor and FA mentor

Manisha Tailor MBE: Academy Coach, QPR

Gary Laybourne: Head of Coach Core, The Royal Foundation

Emma Joliffe: A serving Army mental health nurse

Luke Howard: Community Disability Officer, Arsenal FC in the Community

Ashley Harris: Football Development Officer, Devon County Football Association

Samuel Firth: Football Development Officer, Sheffield & Hallamshire County Football Association

Diana Palmer: A qualified nurse, social worker and therapist with 25 years' experience in health and social care

Steve Mitchell: Director, Switch The Play

Dr Marianna Odysseos: Consultant clinical psychologist, Military Mental Health

Christopher Brown: A serving RAF mental health nurse and visiting honorary research fellow at King's College London

Andy McCann: Director at DNA Definitive Ltd; Visiting Professor, Manchester Metropolitan University





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“I had really begun to struggle mentally and physically. My stimulants were the gym, to which I became addicted to for the highs, and alcohol, which I drank to pick myself up when I was low.

“One evening it all went wrong, and I attempted suicide. With medical help I started to get better, but my coaching role played a key part. Breaking that cycle of depression by entering the world of football, fun, laughter and development gives me a great sense of achievement and belonging. Bardon Hill FC were a constant source of support.”

Asif Hanif Ahmed, coach



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