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Using Football Cultures as a Vehicle to Improve Mental Health in Men: The Case of the Redcar and Cleveland Boot Room

Abstract

This paper sets out to appraise (from the perspective of members) the impact of a localised, football-based mental health intervention. Commissioned in late 2015, the ‘Redcar and Cleveland Boot Room (BR)’ was implemented in response to mass redundancy in the local area, coupled with regional suicide rates in men that exceed the national average. Interactive discussions with BR members revealed that: (a) the language of football and shared identity were important for initiating and sustaining engagement in the BR; (b) peer-support and mentoring combined with member-led activities were active ingredients of the BR; and (c) that the BR was an effective vehicle for building mental health resilience. This evaluation adds to the evidence base on the value of football as a context to engage adult males in community-based interventions targeting mental health resilience.

Introduction

Official statistics reveal that one in four people in the UK will experience a mental health problem every year (The Health & Social Care Information Centre 2009). Mental health problems are the single largest cause of disability in the UK at a cost to the economy of £70 to £100 billion per annum (Mental Health Foundation 2015). People with mental health problems are substantially less likely to receive treatment than those with physical problems. This trend is coined 'the need-treatment gap' (Chief Medical Officer's report 2014) given that only a quarter of people with mental health problems are in receipt of treatment (The Health & Social Care Information Centre 2009).

As part of a wider strategy to tackle mental health problems in the UK, *The Mental Health Charter for Sport and Recreation* was signed and endorsed by the Football Association and other sporting bodies in 2015. The aim of the charter is to draw on the widespread popularity of sport, including the global appeal of football, to help reduce stigma around mental health.

In the UK, football is ingrained into the fabric of local communities and professional football clubs are emblematic of the towns and cities that they represent (Author 2016). Consequently, they are beneficiaries of emotive consumption and accordingly, they are expected to hold civic responsibility to the communities that they embody (Pringle et al. 2014; Taylor 1990). Understanding this, football clubs have developed partnerships with statutory services and third sector (voluntary and charitable) organisations to deliver interventions using the medium of football to promote and emphasise psychological well-being within their local communities.

Public health practitioners and scholars are increasingly recognising the benefits that football has as a vehicle for the delivery of health interventions (Rosenbaum et al. 2015; Parnell et al. 2015). Such efforts have largely targeted physical health, using football initiatives as a mechanism for delivery of health promotion messages to change lifestyle behaviour, in order to promote weight loss or improve cardiovascular function (Gray et al. 2013; Mohr et al. 2004; Parnell and Pringle 2016).

Reflecting wider funding disparities between physical and mental health there are fewer mental health community-based interventions underpinned by football cultures that address the psychological well-being of individuals and communities (Curran et al. 2016). In a systematic review, which focused on the therapeutic qualities of exercise for mental well-being (see Agnew 2008, Barraclough 2012, Mason and Holt 2012, Malcolm *et al* 2013), Friedrich and Mason (2017) identified 15 public mental health interventions that centralised programmes of structured physical activity - ranging from Premier League owned initiatives such as *Imagine Your Goals*, (see Henderson et al 2014) to more localised schemes such as the *Coping Through Football* project situated in a North East London neighbourhood (see Mason and Holt 2012). One issue identified by the authors is that when interventions are implemented, they often omit meaningful evaluation and lack a detailed audit trail for scholars to reflect on, and to facilitate replication in other local contexts.

Where programme evaluations do exist, Friedrich and Mason report that interventions involving physical activity can be an effective means of improving the mental well-being of participants. It is worth noting however, that not all men and women can be reached through mental health related projects that feature physical activity as a form of ‘therapy’. After all, mental health problems are known to suppress one’s desire to participate in exercise (Firth et al

2016); and connections have been made between mental health, physical health and obesity (Vancampfort et al. 2015; Gardner-Sood et al. 2015).

In recognition of this point, Pringle (2004) has posited that watching football or using football metaphors as a means of intervention is likely to be an effective strategy to engage men in discussions about mental health, and concomitantly, to encourage positive behaviour change and development of mental health resilience. The latter is **a core aspect of research, practice and policy around mental health and refers** to the capability of an individual to effectively cope with stress and bounce-back from adverse circumstances). To provide context for the type of initiatives to which Pringle refers, it is worth briefly alluding to the *It's a Goal* project, one of the most cited programmes that sets out to use the **widespread popularity of football within local communities** for the purpose of mental health improvement (Jones 2009; Pringle and Sayers 2004; 2006; McKeown et al 2015; Spandler et al 2013; Spandler et al 2014).

Initially conceived by social entrepreneur Malcolm McLean and financed by the Laureus Foundation's 'Sport for Good' fund, the project was designed to implement a community nursing service within a football league club, using the local professional football stadium (originally, Moss Rose, home to Macclesfield Town FC) as the base. Drawing on football metaphors and terminology to engage 'hard to reach' populations (populations that don't typically engage in mental health prevention programmes, and are rarely the target population of such interventions) of young men, the project helps participants ("players") to explore personal issues and develop greater confidence and motivation. The project is run by facilitators ("coaches") and the schedule consists of 11 sessions, which mirror the formation of a football team. For example, the first structured weekly session is titled *Goal Keeper* and it focuses on setting initial goals for change. In turn it is followed by 4 *Defence* sessions

which focus on team work and resilience. Subsequent activity consists of 4 *Mid-field* sessions based on creativity, communication, visualisation and assertiveness, and 2 *Attack* sessions about taking opportunities, changing perspectives and behaviours and evaluating success.

In an evaluation of the It's a Goal Project, Helen Spandler and colleagues (2013) concluded that whilst there is nothing inherently therapeutic about football per-se, it appears to be an effective means to engage men in activities of mutual support. The authors argue in the same vein as Stott et al (2010) that a metaphor can act as a 'cognitive bridge' which enables personal experiences and emotions to be understood and communicated. Moreover, it offers a context for alternative non-medical interventions to develop mental resilience (Smith and Pringle, 2010). And whilst the *It's a Goal* project was originally designed for young men, the authors argue that in principle, programmes using football metaphor could be beneficial for older men and for women too. The implication here is that local context rather than age ought to be a key factor in the design of effective mental health resilience programmes that use football metaphor. Similarly, as Friedrich and Mason (2017) imply, instead of using a one size fits all approach, it is desirable for interventions to clearly define the target group and to assess their abilities and needs, in order to tailor the intervention accordingly.

Building on the emerging evidence base which has made connections between the power of football as a metaphor for increasing mental health resilience in community (non-clinical) settings, and heeding calls from scholars to ensure that interventions are meaningfully evaluated (Levermore 2011; Walker et al. 2013; Parnell and Pringle 2016; Curran *et al* 2016), this paper sets out to appraise a localised community-based mental health intervention - *The Redcar and Cleveland Boot Room*. It was commissioned, designed and implemented as a

forward thinking mental health strategy in response to the mass redundancies of steel workers in the North East of England.

The Boot Room metaphor, used in this instance, relates to an unglamorous room that was housed in Anfield stadium (home to LFC) from the 1960s – 1990s. According to journalist Frank Keating, correspondent for *The Guardian* newspaper in 1995, Liverpool manager, Bill Shankly (1913-1981), preferred not to use his formal office for meetings, and converted the boot room (BR) into an informal coaches meeting room where all men were considered equal. One of the original BR members, Joe Fagan (LFC Manager 1983-85) revealed in his diary “in time it would become furnished with luxuries like a rickety old table and a couple of plastic chairs, a tatty piece of carpet on the floor and a calendar on the wall... there was little evidence to suggest that this room was even part of a football club” (Rich 2011). In such informal settings, this group of men would share information and transfer knowledge and skills to one another, creating the conditions that are conducive to mutual, shared benefit (BBC Sport, 2001). More recently this philosophy has taken centre stage in a political speech delivered by Labour leader, Jeremy Corbyn, paraphrasing Shankly in his 2016 address to the Labour Party conference held in Liverpool. “Let us do it in the spirit of the great Scots-born Liverpool football manager Bill Shankly, who said, ‘the socialism I believe in, is everybody working for the same goal and everybody having a share in the rewards. That’s how I see football, that’s how I see life’” (Austin 2016).

The Redcar and Cleveland Boot Room project in context

Following the North of England Mental Health Development Unit (NEMHDU) 2015 Autumn conference on the subject of suicide prevention, Local Authority Public Health, Public Health England and the Strategic Clinical Network developed a partnership with the voluntary

organisation *If You Care, Share* and Middlesbrough FC and Sunderland AFC Foundation's to develop a new programme of suicide prevention work aimed at promoting mental resilience and well-being primarily amongst adult males. Following successful initiatives in rugby from *State of Mind* and the development of football related projects, including *It's a Goal*, it was determined that this initiative would use football fan culture as a medium through which to encourage men to talk about shared issues and to develop greater mental health resilience.

At the request of Local Authority Directors of Public Health, the pilot phase was initiated in the area of Redcar and Cleveland for the following reasons. The borough of Redcar and Cleveland, situated in the Tees Valley region of North Yorkshire in the North East of England became a feature of national attention in September 2015. The borough's largest employer, Sahaviriya Steel Industries (SSI), went into liquidation. With immediate effect 2,066 jobs were lost and in addition, 26 supply chain companies were adversely affected. The North East region of England have amongst the highest rates of suicide, with middle aged men (aged 40-59) the primary 'at risk group' (Rush and Davies-Boren 2015). Therefore, a proactive mental health initiative was commissioned to fund a local community 'Boot Room' (BR) situated within the club house of Redcar Athletic FC to provide a venue and space for men to meet socially and provide mutual support. Thus, the content of the pilot BR project was middle-aged men who were made redundant from the recent closure of SSI Steelworks.

This BR project engaged with a local community health champion (as a project leader). The BR is facilitated by a Community Health Champion, defined as "Individuals who are engaged, trained and supported to volunteer and use their understanding and position of influence to help their friends, families and work colleagues lead healthier lives" (Altogether Better, 2010). The BR community health champion [possessed](#) in-depth knowledge and

experience of the culture within the Redcar and Cleveland area. Unlike other projects such as the *It's a Goal* initiative that have a set cognitive therapy inspired programme to follow, the pilot BR would be more organic in the sense that the practical steer would come from the BR members themselves. **The BR** community health champion facilitated group requests where possible, but would not prescribe activities for the members to follow. Whilst in essence there would be no explicit structured intervention per se underpinning the BR (purely a space to meet under the guise of football) the objectives of the project were:

- To engage middle-aged men in a community-based football themed intervention targeting mental health resilience.
- To raise awareness of the importance of mental health amongst men, their families and communities.
- To facilitate greater self-awareness of one's own mental health and emotional resilience.
- To enable men to be able to recognize emotional distress in others.
- To promote the social acceptability of talking about emotional problems.
- To change / challenge male attitudes towards personal mental health.
- To promote the social acceptability of help seeking and awareness of local support services.

The BR project was funded by donations from: the Spirit of Teesside Calendar – created by and featuring Middleborough FC) players; Middlesbrough Council (Public Health Department); Redcar and Cleveland Council (Public Health Department) and was supported Public Health England North East and NEMH DU. An open invitation to join the BR was advertised at Middlesbrough FC home matches, Redcar Athletic FC, local Job Centers, via the

local media and by word of mouth. The BR was launched at Middlesbrough FC by first team football player, George Friend.

In what follows we appraise *The Redcar and Cleveland Boot Room project* from the perspective of members, with reference to the following overarching research question, from the perspective of adult males, what are the active ingredients, impact and issues related to sustainability of a community-based intervention ‘Cleveland/Redcar Boot Room’ targeting mental health resilience?.

Methods

Funders and supporters of the Redcar/Cleveland BR were not involved in decisions about the design, data collection, analysis, or interpretation; recruitment; or any other aspect pertinent to this evaluation. The following represents an independent evaluation undertaken by researchers with no previous involvement in the BR.

Engagement and data collection strategy

A key informant (BR Lead, Brian, the community health champion) was initially approached to discuss the optimal strategy for engaging with those attending the Redcar and Cleveland BR. The key informant strongly advised against a quantitative approach (e.g. use of standardised questionnaires) due to high-risk of negative reactions from members. Therefore, qualitative methods were used to investigate the lived experience of Redcar and Cleveland BR members. In collaboration with the key informant, an engagement and data collection strategy was formulated that consisted of two stages.

Stage one involved non-participant observation, where two researchers (KD and DF) attended a two hour BR meeting (August 2016), in order establish a rapport with members and to gain a sense of the BR context. During the visit the researchers took field notes, which were discussed immediately after the meeting to inform the design of a guide for an interactive group discussion in stage 2. The guide consisted of the following discussion items:

- Their experiences of attending/engaging in the BR, including what worked well and not so well.
- Their views and perspectives on the value of the BR, including strategies for engagement and whether football is useful as a vehicle for engaging hard-to-reach men in community-based health promotion interventions.
- Their thoughts on the optima development of a plan for co-design/delivery of activities (including ways of working), engagement and recruitment processes and sustainability beyond the BR funding period (e.g. BR members transitioning to an ‘expert’ peer support role).

Stage two (September 2016), the authors returned to the Redcar and Cleveland BR to hold an interactive group discussion. The discussion, with the permission of the participants was audio recorded and transcribed verbatim to facilitate data analysis. Thus, in order to communicate the main findings of the work, verbatim responses are used within the analysis to provide a voice for those whose narrative we have set out to uncover. This approach to writing allows the culture of the field to reveal itself to the reader via the discourse that members have themselves constructed (Blackshaw 2003). All participants were informed of the voluntary nature of their participation, their right to refuse participation and that

anonymised (non-identifiable) quotes would be used to illustrate key themes in an evaluation report.

Data analysis

The verbatim transcript was analysed using a manual form of thematic analysis as described by Miles and Huberman (1994). To minimise subjectivity authors (DF and KD) (experienced in the use of this system) read through the data separately before any categorisation took place (Cashmore and Cleland 2012). The transcripts were then re-read in full and emergent themes were recorded. Once all data had been themed into categories, the authors began to develop master themes, identifying commonalities and differences across responses. The aim of this analytical process was to produce what Geertz (1973) describes as ‘thick description’: that is a thorough and accurate account of the range of responses articulated by participants.

Data collected from the BR discussion was supplemented with field-notes and emails sent to the key informant from previous BR attendees. Direct quotes from BR members are also presented to add credibility to the themes within the narrative discussion.

Member checking (or respondent validation) was also undertaken to maximise the likelihood that the derived themes were a faithful reflection of the views and experiences of the BR participants, as opposed to being dominated by the views and perspectives of the researchers (McKegane and Bloor 1981). This was achieved by sending a provisional draft of the themed narrative discussion to the BR participants (via the key informant, the BR community health champion). The BR participants were asked to read the draft and provide their feedback on the extent that it was reasonable account of their views and experiences, and where it differed to suggest amendments or additions.

Findings and Discussion

Two researchers (DF and KD) facilitated a group discussion with 12 members of the Redcar/Cleveland BR. The age of the participants was not systematically recorded, although records held by the key informant (The BR Lead, Brian, a community health champion) revealed that ages ranged from 45 to 65 years. The discussion lasted one hour and forty-eight minutes. Feedback from the participants on the initial draft of the findings (respondent validation exercise) revealed that the account presented below was an accurate reflection of their views and experiences of the BR.

The language of football and shared identity for initiating and sustaining engagement in the Boot Room

The researchers opened discussions with the members by enquiring about the title of the group, 'Boot Room (BR)'. This presented an opportunity for the members to explain the football connection in their own terms. Audible mutterings from the group included projected whispers of the name 'Shankly'. At this point, the BR lead (Community Health Champion) took it upon his self to elaborate:

“It’s from Bill Shankly (former 1960s Liverpool FC Manager). It’s an extremely informal room where he used to make his plans... Everyone is encouraged to speak freely and honestly without fear. It’s all confidential...But it really is about informality, that’s what the BR is all about – that’s the concept behind it... We’re not Liverpool supporters here but we do things in the ‘Liverpool way’. We support each other in the same way that Shankly supported Paisley, Fagan and visa-versa. We all buy into the concept for the good of all individuals which benefits the collective. Everyone is important here.”

The decision to use sporting metaphors has a basis in psychotherapy. The idea is to translate sometimes complex therapeutic insights into simple messages that are digestible and that resonate with the target population (Kopp 1995, Spandler et al 2014). In the current context, the metaphor of the LFC BR is relevant on two levels. First, it draws on football, a familiar subject that is used by fans as a non-threatening and familiar conversation topic when chatting with friends and strangers (Author 2013). Secondly, given the age of the group members (typically 40+) the LFC BR is implicitly understood as the setting that inspired a dynasty of successful LFC managers (1961-1991), and in turn, it offers members shared familiarity and nostalgic connections to a bygone youth. Consequently, it is worth noting that this metaphor is likely to be less effective with younger men.

The majority of Redcar/Cleveland BR members agreed they would describe themselves as football fans and there was evidence that football was an important driver of involvement and continued engagement in the BR. The North East region of England is often referred to as ‘the hotbed of football’, a tag that was first used in the 1961 Arthur Appleton book of the same name. As the tag implies, football culture is thought to be particularly strong in the North East. This was evident in the responses of BR members. For instance, members explained that *“football is part of North East culture”, “it’s in our DNA”, and “it’s what blokes talk about”*.

Whilst such findings might appear common sense, they do offer empirical support to integrate playing or attending football matches into MH initiatives (Hynes 2008; Pringle 2004; O’Kane and McKenna 2002; Spandler et al. 2013). Moreover, given that members associate football with positivity and enjoyment, there is gravitas in the idea of harnessing its appeal as both a motive and a method for engaging ‘hard to reach’ groups of men (Pringle and Sayers 2004;

Steckley 2005; Pringle et al. 2011; White and Witty 2009; Henderson et al. 2014). It is worth noting that Middlesbrough FC had recently been promoted to the English Premier League in the same year as SSI closure; arguably providing a welcome form of escapism from the reality of redundancy (Molnar and Kelly 2014).

However, football was not the only driver of involvement in the Redcar / Cleveland BR. Other members commented on the attraction of the BR being convened to support ex-steel workers as a way of preserving their social identity and making this life transition less severe. One BR member commented:

“It’s not really football that brings us together. It’s that we’re ex steel workers and we are all (largely speaking) in the same situation. It’s not a situation that we’d choose but here we are.”

These findings reflect the importance of social identity, which alongside shared adverse circumstance and the common language of football, served as powerful facilitators of involvement and continued engagement in the Redcar / Cleveland BR.

Active ingredients of the Boot Room: Peer-support, mentoring and member-led activities

Having experienced life-changing circumstances associated with mass redundancy, members found much value in the BR project for improving their psychological well-being and prevention of mental health problems. The temptation to isolate oneself post-redundancy was cited as a common experience for the men and the BR was considered to be a timely intervention to avoid their lives “*spiralling out of control through isolation, depression*” and pervasive hopelessness - all factors that contribute to suicidal thoughts (Collins and Cutcliffe

2003). Consequently, a primary benefit reiterated by members was that the BR provides a social platform to alleviate isolation and to boost self-esteem and confidence by offering hope for the future via the mechanism of social and peer support:

“Put it this way, when your job is taken away, it’s a head spinner. When you’re stuck in four walls you think that it has only happened to you... You think you’re excluded but you’re not. So it’s the eureka moment when you come down here and realise that you’re not excluded and you have likeminded people to chat to. What happens is that they pull each-other out of the stupor they’re in. You are being counselled and you are the counsellor at the same time (laughs).”

Sharing similarities to Henderson et al’s (2014) assessment of the initiative: ‘*Imagine Your Goals*’ and Mason and Holt’s (2012) evaluation of the ‘*Coping through Football*’ project; group members of the Redcar/Cleveland BR cited social inclusion as a key factor that contributed to an improved sense of well-being.

The men in the Redcar/Cleveland BR spoke about “*taking strength from one another*”, because (as ex-steel workers) they are all “*in the same boat*”. Commonalities between men within the group were described as an important active ingredient of the BR because “*all the guys get one another*”. Thus, in the same vein that Fincham et al (2011) have suggested, members cited mutual support as important for enhancing feelings of well-being and by implication, preventing mental health problems and suicidal thoughts. Being able to empathise and hold shared experience helped the men to accept advice from and provide support to one another. The Redcar/Cleveland BR attendees did not discuss mental health overtly, but it was never far from the topic of conversation:

“People do get in a mind-set where they give up, basically. They sit and do as little as possible... You might not have a bandage on but you feel like shite and you withdraw from everyone. But whereas here, once you get to know a few people as well, you get people socializing again rather than becoming insular.”

At a more sobering level, one BR member said:

“You asked what I’d be doing if this group wasn’t here. Honest answer. I could be dead!”

Members also cited physical health benefits from participation in the BR. Congruent with White et al (2012), the men were aware that physical health (as well as mental health) can diminish with a lack of routine and meaningful activity (previously gained from employment). One said:

“It’s easy to get into little habits. Stay up all night, drink more than you should or one thing or another... It’s easy to put weight on. This (BR) gives you something else to be doing, something useful. That’s what I find.”

The philosophy underpinning the BR is that members suggest and plan activities which the local community health champion (BR Lead) facilitates, if possible. When the group were asked: “would you have attended a group that was all about exercise?” a few members muttered “I would” whilst the majority muttered “not me”. One member revealed the following:

“It wouldn’t have gotten me here, no. I would have stayed away because I wasn’t in the right frame of mind... but now that I’m here and feeling more comfortable I like trying different activities and having a kick around from time to time.”

This finding is important in the context of the future design of mental health initiatives based on the BR philosophy. In instances where the target population are unlikely to be receptive to a physical activity focused programme, it is worth noting that physical activity can be prospectively added to core activities by the mutual consent of the members. Moreover, evidence suggests that behaviour change is likely to be more permanent in situations where agents take the decision to exercise rather than feeling coerced (Abraham and Sheeran, 2004). This is a sentiment shared by one member who valued the BR for enabling him (and other members) to opt in or out of any activities that are taking place:

“You can dip in and out and it’s not necessarily strenuous... We do plenty of walking...we can play football here, and we’re trying to get something organised indoor for the winter months... we’ve been lawn bowling as well. We do all sorts of stuff like this.”

In addition to the benefits for them as a group and individually, the men acknowledged that there was added value of the BR for their families. Members explained that relationships with family members “*can be strained*” as old routines are broken and new routines begin:

“When you’re doing twelve hour shifts, you’re spending more time with your work mates than with your family. People forget that... All of a sudden you’re doing the things that they’d (family) be doing. The ironing, the hanging the washing out. It’s difficult for your partner to readjust, same as it is for us. Your just there in the same space!”

It is important to note that all of those valued active ingredients of the BR (described above) are underpinned by enjoyment from positive social interactions: Notably – “*the craic between*

friends”, “*getting out the house*”, “*being active*” (*mind and body*)” “*meeting new people*”, “*finding out information*”, “*fun*”, and providing a forum to “*discuss problems*”.

The Boot Room as a vehicle for building mental health resilience

Empowerment was a feature at the heart of the BR and members were able to explain how this is achieved on a practical level. In the manner that Nelson et al (1998) describe, empowerment occurs through support groups where people sharing commonalities come together on a voluntary and equal basis to share experiences and to receive informal social support. Likewise, the Redcar / Cleveland BR was described in this manner, though members were keen to emphasise that, in the context of the BR, this went beyond emotional support. Members explained that the group is practical and proactive, aiming to help participants fulfil both group and personal goals. Perhaps the most distinctive feature described by BR members was that the men themselves drove the agenda of activities. One member commented:

“Like Brian (BR community health champion) said from the outset, ‘I’m not here to dictate to you what you’re going to do’. He said, ‘you guys can tell me what you want to do and then, if we can, we’ll facilitate it’.”

Another explained that being “*flexible and informal is its success.*” Members were keen to emphasise that requesting speakers (from various organisations) to deliver presentations and interactive workshops at the BR worked well:

“It’s the practical real life advice that is really useful. We’ve had lads get jobs or change life focus on the back of advice from speakers... The more we get the better to be honest.”

Whilst employment was not the key focus of the BR, it is worth noting that since inception of the BR that 15 members had found paid employment (full-, part-time and self-employment). Reflecting the arguments made by Grove and Membrey (2005) in their book *New Thinking About Mental Health and Employment*, members firmly believed that boosting confidence (through activities arranged at the BR) was a major contributor to these employment-related successes. Further, others had taken on roles as volunteers or have enrolled on education, life skills and vocational courses.

With empowerment as the key focus and sharing parallels with the evaluation of *'it's a goal'* programme (Pringle and Sayers 2004), members constantly attributed the success of BR to the BR community health champion (project leader). The men explained that their current leader was exemplary because he was – in the words of the attendees: *“approachable, fun, empathetic, trustworthy, dependable, helpful but not at all dictatorial”*. Moreover, in appraising this individual's valued approach, the men explained that the current BR community champion fulfils the role of mentor. Recognising this point, the group was asked 'Do you think that you could replicate Brian's (the BR community health champion) role?'

One BR member responded as followed:

“Yes, I think we could because all of us are involved in the running of the place in a sense and we understand the BR philosophy and we're all involved. We all get involved in volunteering and that; jobs fairs and other stuff. So, in that sense – yeah.”

This indicated that there are potentially deeper parallels between the Redcar / Cleveland BR and the infamous LFC BR. As well as providing a safe space for full and frank discussion, the LFC BR was a place of mentoring and learning that ensured that leaders would pass on skills

of leadership to the internal links from within the football club - thus upholding the 'Liverpool way'. In a similar manner, the men at the Redcar / Cleveland BR demonstrated the potential for a self-sustainable project of meaningful empowerment – including the potential 'legacy' of recruiting the next generation of community champions from within the system. When referring to this point directly, one member said:

“this is perhaps something that the group could work on more formally in the future.”

Current BR members were aware of the active ingredients that constitute the BR, consequently they are well-positioned to become champions of men's health. Thus, being proactively involved and taking control of one's destiny was a key feature that appears to be working well for those involved in the Redcar/Cleveland BR. The members explained that giving control back to those who feel that they have lost control in other aspects of their lives can help to stabilise the individual as they start to rebuild their self-esteem and reclaim or build their social and personal identity.

Sustainability of the Boot Room

According to the BR members, *“one of the biggest problems for groups like this is getting the word out”*. One member articulated, *“once people attend the group they are likely to return”*. Another said *“they've all returned. It's just getting them through the door that's difficult”*. BR members had tried disseminating leaflets and flyers at relevant institutions (e.g. Job Centres) without much success. A social contact model (face to face discussions at community events) was the most effective mechanism of raising awareness of the BR, and key driver of actual attendance at the BR. Indeed, in many cases this was how current members had been introduced to the group.

Consistent with Ridge et al (2011), members identified ‘male pride’ as a salient barrier to recruitment. Others scholars too have discussed factors related to why such populations are ‘hard to reach’, with men’s reluctance to seek support a contributor to stress escalation and even implicated in suicide (Moller-Leimkuhler 2002; Brownhill et al. 2005). BR members explained that needing help and accepting help are very different factors that practitioners and project workers should be mindful of when targeting men at risk of mental health problems and suicide. The group explained that men must be ready and willing to accept help and an important prerequisite was for them to perceive groups (like the BR) as a proactive step forward:

“To give you an example, I was at a jobs fair and I was chatting to two lads, and I know that they should be here (attending the BR). They are finding things tough, it’s obvious. They should turn up, but despite my best efforts they won’t come because they won’t admit...So there should be more people here, it could benefit many more people, but men are stubborn and won’t admit that they’re suffering.”

BR Members explained that it is stereotypical gender-based assumptions (e.g. the presumption that men should be in control) that often hinders recruitment to self-help groups. This is consistent with previous research on ‘gender roles’ where men feel discouraged from acknowledging distress and asking for help is often perceived to be ‘unmanly’ (Good et al. 1989; Robinson 2001; Prior 1999).

With reference to male-gender roles, the BR participants were convinced that the key to recruiting new members was to focus on social interaction, the common language of football, and disseminating personal stories by other means. Some of the men have been proactive in engaging with local media in this regard - in the form of radio and television appearances

including BBC 1 *Inside Out* special edition on the subject of Middlesbrough FCs promotion and its effect on the region of Teesside (September 9th 2016). One BR member explained:

“The more we get the message out in the media or to wherever guys like us take notice, the better. Football is a good starting point.”

The BR members suggested that sharing their stories in a mass media campaign or You Tube streams might help raise awareness and consequently, bolster recruitment. In addition, social media was raised by the members as a potential avenue for disseminating the philosophy of the BR to new members. For example, Facebook was a social networking platform that was used by most people that they know. Indeed, the Redcar/Cleveland BR have a Facebook page and are acutely aware of its value for communication with the BR membership, as well as its potential for supporting recruitment.

“We take a few snaps of things we’ve been doing on the day and post them because we know that there are some guys out there that know the lads and keep an eye on what we’ve been doing. You never know it could trigger them to get in touch.”

Group conclusions and advice for health practitioners

The authors asked the group if they had any advice for health practitioners on the design of similar interventions underpinned by the BR philosophy. In response, members reiterated the point that mental health was a difficult subject to approach for men, and for this reason they advocated the continued use of football cultures and associated language to engage men in community based interventions. As one BR member explained *“for men in their 40s, 50s, 60s the football connection is crucial”* and another added:

“men are comfortable talking about football and that’s important for groups like ours when strangers take the step of coming down. A quick chat about football gets everyone acquainted doesn’t it? Gets the banter flowing.”

Consequently, the BR members were acutely aware of the multi-faceted relevance of football to the group. It was viewed as a “discussion topic”, a “position of general interest”, an “enjoyable way to build group bonds”, and a “comfort blanket that could be used when recruiting new members.”

Members also advised that the target population of future BR’s should share commonalities in values and experiences at a local level. In their view, coherent characteristics shared by the attendees at Redcar / Cleveland BR have significantly contributed to its success.

“In our case it has been SSI and consequences of de-industrialisation but that’s not going to resonate all over the North East. So you’ll have to think carefully.”

Members felt that broader BR-related initiatives should focus on meeting the specific needs of men within a geographical location. But despite this call for initiatives to be malleable in order to meet the needs of local people, the members emphatically endorsed the importance of one characteristic in the implementation of such programmes – empowerment.

“If you’re rolling this out across the region you are going to be dealing with totally different people to us, so you have to be flexible. If you’re focused on empowering them, giving them ownership of ideas and such then it will be a success.”

Summary and conclusions

This qualitative evaluation has identified a range of benefits of using football culture as mechanism for underpinning interventions for building mental health resilience in men resident within an area that has experienced mass redundancy. The Boot Room utilised a practical and pro-active approach to supporting individual and group members' agendas to help them to manage their adverse circumstances, combined with informality and enjoyment, underpinned by the common language of football and shared social identity. This finding is consistent with the literature on football-themed mental health interventions (Smith and Pringle, 2010). Several of our findings shares similarities with the evaluation of the It's a Goal Project, whereby football was an effective means to engage men in activities of mutual support (see Friedrich and Mason 2017); and we also found support for Stott et al's (2010) assertion that football as a metaphor can act as a 'cognitive bridge' which enables personal experiences and emotions to be understood and communicated. Moreover, it offers a context for alternative non-medical interventions to develop mental resilience (Smith and Pringle, 2010).

In contrast to its *It's a Goal* project the Boot Room provides evident of using football culture to underpin an intervention targeting older men, and without the need for structured sessions. The BR initiative supported member autonomy, with group activities responsive to the needs and interests of members at individual and group level. This member-driven approach served to galvanise the empowerment of the members, and critical to this was facilitation by an expert and experienced project lead who exemplified the role of a community health champion. The atmosphere and ways of working of the BR enabled members to empathise with one another based on shared experiences, which helped the members to accept advice from, and provide peer support to one another. The latter also served as a medium of spreading knowledge and experience within the BR members.

Wider benefits of the BR (also important for mental health resilience) were opportunities to develop life skills to manage the transition from redundancy to employment (paid and unpaid). Inviting speakers from external agencies to attend BR meetings was an effective medium for health, career, and financial services to positively engage with the members. These ‘guests’ provided the members with a unique opportunity for them to meet experts on their ‘home turf’ and on their own terms.

Additional benefits for the members’ friends and family were elucidated from the participants in terms of helping their families to cope more positively with the often very stark changes to their home lives.

Strengths of our approach to evaluation that enhance the trustworthiness of the findings include the use of a key informant, investigator triangulation (two authors involved in data collection and analyses) and respondent validation with BR members who participated in the interactive group discussion. Potential limitations include the presence of the BR lead (Community Health Champion) in the interactive discussion that may have influenced participants’ responses; and the possibility of alternative (deviant cases) accounts from BR members (past and present) who were not present during the discussion.

The arguments presented by BR members during the group discussion provide compelling evidence of the power of football as a motive and a method to engage ‘hard to reach’ populations of men in community-based interventions targeting mental health resilience.

Those members of the BR actively involved in the interactive discussion support the assumption that men will seek help, respond to health messages and discuss taboo issues such as mental health in places that they feel comfortable and can exert control. In this instance the BR, signified much more than a venue. It is a social space for members to: engage in full and frank discussions with both fellow BR members and representatives from external (statutory and non-statutory) organisations; gain access to valued social and peer-support to help them come to terms with adverse economic circumstances and a platform for rebuilding social connectivity, personal identity and confidence; engage in learning and teaching; and engage in enjoyable leisure activities.

Beyond the benefits for BR members and their families, this project provides an example of a proactive health promotion initiative that places an equal emphasis on mental and physical health, and embraces a member-driven approach. The planning, funding and implementation of the Redcar/Cleveland BR was shared between organisations with common goals and civic responsibility for the geographical region. Thus in an era of reduced public spending on sport and leisure in the UK, and with NHS and Social Care provision under the strain of austerity measures, there is value in sustainable partnerships between football clubs, local authorities and charities to use football culture, in particular the philosophy of the Boot Room as vehicle for health promotion in hard-to-reach populations of men.

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