
“IF YOU’RE A PRO, YOU PLAY, AND IT’S THE SAME FOR US”: FOOTBALL, SOCIAL CAPITAL, AND MENTAL HEALTH

CASE STUDY REPORT – WEARING THE SAME SHIRT IN NEWTOWN AFC

for Sport Wales, FAW Trust and Time to Change Wales

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PREAMBLE

Many individuals dealing with mental health say that the discrimination they face is often worse than the illness itself. To make matters more difficult, this stigma acts as a barrier in stopping the same people from getting involved in sports and activities. To tackle this, Time To Change Wales and the Football Association Wales Trust have been funded by Sport Wales to develop ‘We Wear the Same Shirt’, a unique pilot football programme designed specifically for people with lived experience of mental health, and a public campaign to combat the ever-present stigma.

Physical activity is a proven factor to improving mental health and people living with mental health conditions in the communities of Newtown and Merthyr (from November 2015) and Newport and Wrexham (from June 2016) are able to sign up to the ‘We Wear The Same Shirt’ football programmes, delivered by the club’s top coaches, for free. The programme provides a safe and empathetic environment for people with mental health problems in starting their road to getting active.



This short paper presents data from interviews with a number of participants in the programme in Newtown. A qualitative approach was taken to identifying the psychological and social impacts of being involved with the programme. This report provides data from those interviews, allowing for the voices, experiences and insights of participants to be heard, an approach that is especially important for gathering perspectives from hard to reach populations (Frisby, 2005).

CONTEXT

A recent study (Curran et al, 2016) has considered the impact that the Football in the Community programme has made for hard to reach men, and the barriers that they have had to overcome in order to take part in the programme. They identified that whilst football clubs can attract hard to reach men to health programmes, economic, environmental and social barriers to participation are apparent. Importantly, they also identified that engagement in the programme resulted in positive psychosocial developments. The authors suggested that these developments fell into three areas: structure, social interaction and social capital.

The term structure referred to “regular patterns of lifestyle activity that help us get things done” (2016: 19). Social interaction meant “a relationship between two or more individuals and is a vital component of

both mental and physical health” (ibid.) and social capital drew on Bourdieu’s concept of how belonging to networks can accrue benefits to the individual. Bourdieu (1986: 248) defined the concept as follows:

Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group – which provides each of its members with the backing of the collectivity-owned capital, a ‘credential’ which entitles them to credit, in the various senses of the word...The volume of the social capital possessed by a given agent thus depends on the size of the network of connections he can effectively mobilize and on the volume of the capital (economic, cultural or symbolic) possessed in his own right by each of those to whom he is connected.

This definition has many variations, the most important being those developed by Portes (1998) and Putnam (1995), who defined social capital as the ability to secure benefits and achieve goals through membership in networks and other social structures that would not have been achievable in their absence. Curran et al linked this notion to the data they collected, and is also present in the interviews undertaken in Newtown.

The reason that this is especially significant is that a growing body of research has found that the presence of social capital through social networks and communities has a protective quality on health. Social capital can affect health risk behavior in the sense that individuals who are embedded in a network or community rich in support, social trust, information, and norms, have resources that can help achieve health goals (Lin, 2001). For example, a person who is experiencing mental health problems may receive information, friendship, or the support they need to endure the challenges of their condition. Social capital also encourages social trust and membership. These factors can discourage individuals from engaging in risky health behaviors such as smoking and binge drinking (Bolin et al, 2003).

Therefore this framework – of structure, social interaction, and social capital – is used below to help contextualise the data collected in Newtown. In addition, a fourth domain – connections – became apparent during the thematic analysis of the data. These connections took two forms. Firstly, participants identified the connection between their physical and mental health. Secondly, participants identified connections with the professional footballers with whom they share a pitch, a club and a shirt.

The interviews are represented below through a series of themed verbatim extracts that capture the voice and experience of the participants. Names of the individuals are not included in this report in order to protect their identities. It should be noted that this report represents the view of four players, a coach and a therapist who works to support one of the players.

FINDINGS

STRUCTURE

Having regular patterns of lifestyle activity helps participants in Newtown to have certainty in their week. Their routine is something that they can rely upon, often in a way that contrasts with former times in their life: *Having a routine and a focus and a purpose in the day is great...I’m much more active than I was at this time last year, and that’s made me fitter and hopefully I can get back to work. I hope so. I feel so lucky that I’ve been able to go somewhere where I feel really positive and that was rare in my life.*

For one participant in particular, the additional structure in his life, allowed him to organise other things around his commitment to the team and indeed to extend his activity in other ways, which in turn has reinforced his enjoyment of playing football:

It’s nice to have a routine now on a Wednesday and it fits in around the volunteering I do...it’s funny but coming here to play football really helped me with the stuff that I do there. I struggle with bi-polar and

anxiety and coming here gave me more confidence and it motivated me to come here and keep coming here and that's had an impact on a load of other parts in my life. It's made me happier.

First time I came here I felt very nervous and shy but I knew that this could give me the chance to exercise regularly and that was something I needed and it was good coming here because the pitch means that we can be certain of games and training being on – things are never called off because the pitch is too muddy and that helps with the reliability. I know that whatever the weather we'll be here and it's good to have something to rely on.

SOCIAL INTERACTION

Participants clearly understood the potential benefits of being involved in regular football in terms of social interaction with others that they didn't know prior to coming along. However they also knew that this would come with certain worries: *I look on computers a lot and I saw the posters and I thought that it meant people like me who've had depression and are anxious. It made me very anxious the first time. You don't know what kinds of people you're going to be around – there's all sorts of people here from all ends of the spectrum and that makes it uncertain when you're coming in for the first time. It was interesting I'll say that! I like it though and I come every week now.*

When people first arrive at the club, there are a number of potential barriers to them wanting to be involved. Participants described various ways of ensuring that they work hard to make people feel part of the team as quickly as possible:

There's someone who when he first came, wouldn't run at all – now he's running up and down the side of the pitch which is just great to see. There's a few that clash a little bit perhaps at the beginning but they're friends by the end of the session.

We all take an interest in each other, and we've all had our troubles so we support each other really. We make sure that we're OK both here, and we take an interest in our lives outside of coming here. We're "first name people" with new people that come along – we make them feel welcome straight away and be welcoming – that's really important in this team that we're open to everyone.

The team will embrace new people 100%, even if you don't want to play, the social side can help you. People that didn't want to talk at the beginning are some of the most talkative in the group – it's brilliant to see how they've come out of themselves.

I now know a few more of the guys and we're friendly and we've got a great coach as well. We all get on well with each other.

The very positive outcomes described above meant that the coach described the team in similar terms to the 'band of brothers' that is often used in sporting circles to describe the closeness of the members: *They came here not knowing each other and they're like a little family now. I leave and they're still here chatting in the stands – it's just so nice to see!* Further, the therapist identified that the social interaction – in combination with the physical exercise – was preferential to what would have been happening otherwise for the young man he supports: *The football has been great at that but the socialising too has stopped him from sitting at home playing computer games. Much better that he's here playing football with a group of mates.*

SOCIAL CAPITAL

As Bourdieu noted, the development of social capital is a consequence of involvement in networks and social groupings that could not have been gained otherwise. Importantly, one participant noted their lack of social capital before coming to the sessions, recognising there was much room for improvement in his life at the time:

I first came here to help build my confidence back up. For the 18 months before then I had depression and I wasn't really doing very much, not getting out of the house, and that wasn't like me because before that I was good at getting out and about. It really knocked me – I've got what people class as a hidden disability and that causes a lot of issues in my life and it gets me down. Before this, before coming here, I didn't really have much to do, and it couldn't get my frustration out, I couldn't get out of the house and I couldn't really get a smile on my face.

Many of the team started with these sorts of deficits, but quickly exposition to the physical and social side of playing football has helped to generate a number of beneficial assets for them. Various, participants identified a range of positive outcomes in respect of the team aspect of playing football and the impacts that it has had for them – whether building confidence, improving skills or allowing people to empathise effectively with others:

This has given me something to come to and look forward to and try to achieve. It's important to have something that helps to put a smile back on your face. My football's improving – at least that's what they say, and it's rare to hear positive things so that's nice.

12 months ago we wouldn't have been having a conversation like this one – I wouldn't have felt confident enough to speak to you. I really wouldn't have known what to say and probably hidden away in the corner. There's a big difference in me in 12 months and a lot of it is down to coming here.

I've seen a huge improvement in his confidence and he's really worked out as a good team player. The team aspect has been great. The coaching he's received here has been excellent in giving him that confidence but also in building new skills – it's really been all positive.

I've been doing buddying as well with people who want to get back exercising and that is all about the confidence that I've got from here. My job is to help people overcome either physical or mental barriers to taking part in certain sports, and to make them accessible. You don't realise that barriers are there until you feel outside of things and some people just need a little bit of help and support to help them over their initial hurdle, so I'm there to support them and help them.

Interestingly, the development of social capital went beyond the players. The coach felt that benefits had accrued to her that don't come about when she works in other coaching environments: *They're a very mixed group. I love working with them. It's so rewarding. I go away from these sessions and people say to me "why are you smiling?" and I say "I've been coaching my team". They're a lovely group of people, and they're all together, they're great. I learn a lot as a coach from this team ad more than with the other sports that I coach. They'll tell you if it's a shocking session! They'll come up to me and say "that wasn't the best!", but when it's a good session everyone is really buzzing. For other teams that I coach at the end of the session, people just say goodbye and they go their own ways but with this group there's a real togetherness about them and they want to stay together, and have a chat and a drink in the club. We are a bit like a family, all the players and the coaches that come to help, and when we've got someone that's new, they're really welcoming. They bring new people in with open arms, and in other teams you don't always get that. They've helped me improve as a coach so much, and I've learned a lot of different coaching styles and teaching styles from them that I didn't know I could do and they've helped me with those.*

CONNECTIONS - between physical and mental health

The fourth thematic domain – that of connections – extends the analysis undertaken by Curran et al (2016), although further research will be needed to establish whether these issues are present when a larger number of participants are included in similar studies. As described above, firstly, these were connections made by participants between their physical and mental health:

It's made a lot of difference to my health. In the 18 months when I wasn't going out and about I gained a lot of weight and coming here has helped me to keep the weight down and weight off. I'm looking a lot better than I was anyway.

I hadn't done any exercise for a while and I know for me that when I do exercise I feel better, so when she suggested this to me I thought perhaps it's a good thing to do.

There's loads of times that you feel down with your mental health, and with sport it motivates you. You get going, you get a bit of a sweat on and it makes you feel better after anyway. Bit of fresh air. Yeah, just exercise and you'll feel good.

The difference in me is that my football has improved, but also coming here, it perks you up for the day and it keeps you happy. I'd highly recommend this to anyone like me. You can take it easy and you don't have to over-strain or over-train if you don't want to. You'll get healthier and you'll lose some weight too, and you'll be able to enjoy friendships with other people. We've all become friends and it's like one big happy family in the end.

Despite these stated benefits, there was a recognition that the benefits could only be achieved once people were motivated to keep coming: *You do feel better with the exercise, but also in taking that first step, it's difficult. It's always the same, but as soon as you do that it has benefits. I used to do long-distance running and with that, getting out of bed and taking your first step is the hardest, but as soon as you start doing that you're on your way and it's the same with this football team.*

CONNECTIONS - between themselves and professional footballers

The second aspect that participants identified was between themselves and the professional footballers that they became connected to by dint of their association with Newtown AFC. These connections were not necessarily direct, but in a number of participants' comments, it was apparent that players were motivated to start coming along and keep coming along to the football sessions because of these ties:

It was a really good opportunity to play on this brilliant pitch. It's always a fantastic feeling to walk onto a football pitch, because this is the pitch of Newtown Football Club, and that's a huge deal for me.

We look the part with our kits on, and it helps us feel like a family. The pitch is fantastic to play on and the facilities are fantastic.

I enjoy it because I'm playing football! I mean we were here through hail one day – you can't say more than that – it doesn't matter what the weather is, you play. If you're a pro you play, and the same is true for us.

CONCLUSIONS

The domains of analysis as described above provide both a validation and extension of previous research in this area. It is interesting that some of the barriers that were identified in previous research may well be mitigated by the connections that participants in Newtown recognised. Overall, there are clear positive impacts identified by participants in this case study, and that the benefits of structure, social interaction, social capital and connections mean that the physical improvements and the mental health improvements they have seen work mutually to support people.

Most powerfully, perhaps, was the way in which sharing a pitch, a shirt, and a spirit has significantly helped to normalise their feelings, make connections with footballers that don't experience mental health problems, and to ensure that they felt connected to a place and a team that they hadn't done hitherto.

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