



“Football is pure enjoyment”: An exploration of the behaviour change processes which facilitate engagement in football for people with mental health problems

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ABSTRACT

Introduction: Physical activity is known to be beneficial for people with mental health problems, although engagement is low. Football, provided by professional football club community trusts could aid engagement in physical activity, however little is known about the behaviour change processes which engage individuals in this type of PA. One factor which is often overlooked is affect and exploring this could help identify the behaviour change processes, which engage individuals in a professional football club-led mental health intervention. The aim of this study was to explore the experiences of individuals attending football provided by a professional club community trust to further our understanding of the behaviour change processes involved in facilitating engagement in this provision.

Method: Semi-structured interviews were conducted with twelve men who played football provided by a professional football club trust. A range of mental health problems were reported and the participants were aged between 19 and 46. Template analysis was conducted, implementing some of the concepts from the Affective – Reflective Theory (ART).

Results: The results highlighted that both affective and reflective processes of ART were evident in engaging individuals in football. Pleasurable experiences were enabled through the physical and social characteristics of football. Self-control strategies emerged which help to action engagement. The professional football club trust provided coaching knowledge and skills, team organisation and resources and feelings of belonging and responsibility.

Conclusion: Application of ART to the understanding of football experiences has provided a novel exploration of the processes involved in engaging individuals in football. This has important implications for intervention design; the focus should be on providing pleasurable experiences and fostering appropriate self-control strategies.

1. Introduction

Physical activity (PA) for people with mental health problems has been shown to have many benefits. These include improving mental health symptoms (Firth, Cotter, French & Young, 2015; Schuch et al., 2016a), improving quality of life (Schuch et al., 2016b), enhancing recovery (Carless & Douglas, 2008; Leutwyler, Hubbard, Jeste, & Vinogradov, 2012; Soundy et al., 2014) and improving physical health (Vancampfort, Knapen, & De Hert, 2009), which is known to be much poorer in this population (Vancampfort et al., 2015; De Hert et al., 2011).

However, people with mental health problems undertake less PA and more sedentary behaviour than people without known mental

health problems (Schuch et al., 2017; Soundy et al., 2013). A multitude of barriers can prevent participation including: lack of support, densely populated environment, low self-efficacy, symptoms of the illness and side effects of the medication (Firth et al., 2016; Rastad, Martin, & Åsenlöf, 2014; Vancampfort et al. 2015).

Research within PA and mental health has focussed on the benefits and antecedents (facilitators and barriers) of PA (Glowacki, Duncan, Gainforth, & Faulkner, 2017; Rastad et al., 2014; Soundy et al., 2014). Although, this research offers important understandings of the cognitions around engagement in PA, it is often concerned with the determinants which happen before engagement and the outcomes after the PA, rather than what happens during the activity. Therefore, overlooking what is actually experienced during the activity which

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could facilitate engagement. According to Ekkekakis (2017), the affect which is experienced during the activity is central to engagement and aids individuals to form a PA habit. Furthermore, a recent scoping review into the barriers and facilitators of PA amongst people with depression found that the most common determinants were in the emotion domain; this consists of factors such as mood and enjoyment (Glowacki et al., 2017). These factors are not covered within traditional social cognitive behaviour change theory and it is recommended that dual process models which are concerned with automatic and reflective processes, including affect are considered (Glowacki et al., 2017; Rebar et al., 2016). Therefore, focussing on emotion and affect during the PA experience could highlight how to engage individuals.

The concept that affect drives PA behaviour, is central to the recently proposed Affective – Reflective Theory (ART) of physical inactivity and exercise (Brand & Ekkekakis, 2018). This theory is a dual process model and advances on social cognitive behaviour change theories, such as, theory of planned behaviour and health belief model by acknowledging that it is not just our cognitions which engage individuals – it is also our affective response – experiencing pleasure or displeasure. It is proposed that two processes interplay with each other and predict if PA will be undertaken. Type one processes are automatic and are thought to have little cognitive processing. This automatic response is governed by affect from prior exercise experience (e.g. feelings of reinvigoration, pain, embarrassment, pride). Type two processes are reflective and require cognitive processing (e.g. deliberation of needs and values, considerations of expectations and weighing up of pros and cons). These two processes are in constant interaction, however, if there is an affective-reflective discrepancy, e.g. an individual has the knowledge that PA is beneficial for health (type two reflective process) but has had unpleasant experiences (type one automatic process) type one processes are more likely to dominate, especially if self-regulatory resources are low. This would therefore result in physical inactivity. Using this theory to aid our understanding of PA experiences amongst people with mental health problems could highlight the factors which underpin both the automatic and reflective processes which could result in participation.

Previous literature highlights that pleasurable PA has been found to be beneficial for recovery in people with mental health problems (Hargreaves, Lucock, & Rodriguez, 2017; Pickett, Kendrick, & Yardley, 2017). However, there is limited literature which explores what happens during PA which facilitates a pleasurable experience and the processes involved which enhance engagement. One factor to consider when exploring affect is PA preferences.

PA preferences amongst people with mental health problems include activities carried out with professional instruction and with a social component (Chapman, Fraser, Brown & Burton, 2016). Sport as one type of PA can provide both the social element and instruction. Furthermore, sport can reduce weight and psychiatric symptoms amongst people with mental health problems (Soundy, Roskell, Stubbs, Probst, & Vancampfort, 2015). In the United Kingdom, the most popular sport is football (Sport England, 2017) and football is perceived beneficially amongst people with mental health problems (Friedrich & Mason, 2017a).

Facilitators to engaging people with mental health problems in football, include the competition element (Lamont, Harris, McDonald, Kerin, & Dickens, 2017) and provision being away from the clinical environment (Magee, Spaaij, & Jeanes, 2015). One non-clinical environment which has potential to engage people with mental health problems is the provision of football delivered by professional football clubs through their community foundations and trusts (Curran et al., 2017).

Professional sports clubs, including football are increasingly suggested as a channel for the delivery of community-based health improvement services (Hunt et al., 2014; Jonman, Mackie, & Sim, 2013; Kokko, 2016; Quested et al., 2018; Trivedy, Vlaev, Seymour, & Philpott, 2017) and are highlighted in national policy for sport and PA

promotion (Department of Culture Media and Sport, 2015) and strategies for PA and health improvement (Scottish Premier Football League Trust, 2018 (SPL)). Through their communication channels, football community trusts (the charitable arms of professional football clubs) have a unique reach within their local community and their 'brand' is recognized amongst both supporters and non-supporters (Martin et al., 2016, Pringle & Zwolinsky, 2016). Further, trusts have existing relationships with healthcare providers and in some cases longstanding involvement in their local communities (Pringle & Zwolinsky, 2016). Trusts also have access to facilities that can be used to promote PA within their local community, including club branded facilities (Lewis, Reeves, & Roberts, 2017; Martin et al., 2016; Pringle et al., 2014). Furthermore, recognizing that traditional healthcare settings can appear off-putting to some groups including adult men (Lewis et al., 2017; Robertson et al., 2013), non-clinical settings have also been found to engage individuals in community football and PA programmes (White et al., 2012).

Most of the research into the use of professional football clubs for health enhancement has focussed on improving physical health outcomes, such as weight and cardiovascular fitness (Gray et al., 2018; Hunt et al., 2014; Lozano, 2016; Morgan, Drew, Clifford, & Hull, 2017; Pringle et al. 2011, 2014; Rutherford et al., 2014) and has not focussed on people with mental health problems to the same extent. However, from a service provision perspective there are a wide range of professional football clubs offering community programmes to promote mental health (Curran et al., 2017; Pringle & Zwolinsky, 2016), there is only a little research emerging on the impact and the process of implementation of these programmes. Two examples of community interventions provided by professional clubs for people with mental health problems which do provide evidence are 'Coping through Football' and 'Imagine Your Goal'. These programmes provide opportunities for playing football, coaching and refereeing football. Service user evaluations found that the benefits are wide ranging and can enhance physical, mental and social well-being (Dyer & Mills, 2011; Friedrich & Mason, 2017b, 2018), importantly these were conducted in a perceived safe and understanding environment (Mason & Holt, 2012). Further benefits of football among people with mental health problems have been reported away from professional football club trusts and within mental health services. The key findings from this evidence is that participation in football provided increased social opportunities (Carter-Morris & Faulkner, 2003; Darongkamas, Scott, & Taylor, 2011). Qualitative work further explored the social element of football where it emerged that peer support aids recovery in mental health (Lamont et al., 2017; Magee, Spaaij & Jeanes, 2015). Other benefits of football included improved confidence (Darongkamas et al., 2011), increased well-being, connectedness and symptom relief (Friedrich & Mason, 2017a) and transformation of self-stigma (Magee et al., 2015). Although these studies highlight benefits, football provided by a professional football club community trust, and away from clinical services and settings may provide additional benefits which aid participant engagement.

Further exploration of the experiences of football, provided by a professional club trust is required. Although the existing evidence highlights the benefits, we need further understanding of the behaviour change processes and the factors associated with the football experience which draw individuals to maintain engagement in football. Exploring these experiences alongside the affective and reflective experiences highlighted by ART could provide a novel insight into the behaviour change processes involved in engaging in football provided by a professional club trust.

Given the focus of government policy and increased provision in this area (DCSM, 2015; Martin et al., 2016), identifying the behaviour change processes that encourage people to engage in professional football club trust-led mental health interventions could help in the design and implementation of future behaviour change interventions for this population.

The aim of this study was to explore the experiences of individuals attending football provided by a professional club community trust to further our understanding of the behaviour change processes involved in facilitating and maintaining engagement in this provision.

2. Method

2.1. Study design

A qualitative approach was undertaken to explore the experiences of playing football. This was underpinned by a pragmatist philosophy. Thus acknowledging that deductive and inductive forms of logic are able to explore multiple interpretations which emerge from transactions in an external reality. The initial external reality in this study is that football provides an enjoyable experience. It is perceived that these experiences are some way enjoyable as previous literature has found these to be beneficial (as discussed above). However, this external reality is open to interpretation and the factors which inform the football experiences will emerge through interpretation of the data.

Individual interviews were conducted with participants who attended football sessions for people with mental health problems. These sessions were delivered by the community trust which was part of professional football club located in the East Midlands who at the time of the interviews were playing in League One of the English Football League. The football sessions were delivered indoors at a Community Leisure Centre and took place on a midweek morning. The funding for this programme was provided by the professional football clubs Community Trust and was supported by the local Public Health Commissioner. The football sessions were delivered by trained football coaches and between 1 and 3 mental health support workers were in attendance.

2.2. Ethics

Ethical approval was obtained from Leeds Beckett University.

2.3. Data collection and procedure

The interviews were conducted over two phases at different time points. This was as a result of funding temporarily ceasing for the programme. These types of projects are supported by short term funding and the providers are constantly looking to secure the next set of funds in order to sustain the programme (Pringle, McKenna, Zwolinsky, 2018). When the sessions were re-instated, a different group of people participated in the football sessions. There were some differences in these groups which will be explored in the analysis.

The participants were purposively invited based on total population sampling (Sparkes & Smith, 2014). This football programme was open to anybody with a perceived mental health problem and they did not require a formal diagnosis to participate. Therefore, everyone who attended the football sessions were invited to participate to allow for a thorough exploration of the programme. The football coach introduced the players to the researcher (JH) before football began. JH gave a brief overview of the research and stated that this was an opportunity to chat about their football experiences, however, this was not essential. JH attended and participated in the football sessions where appropriate. The aim of attending and participating in the football sessions was to enable the participants to feel more relaxed with the researcher and to be more open in the interview (Carless & Douglas, 2008; Carless, Sparkes, Douglas, & Cooke, 2014). At the end of the sessions, the players were asked if they were willing to conduct an interview the following week. Those that were willing were given a date and time for their interview and provided with the information sheet.

The interviews were conducted by JH who has previously conducted interviews with people with mental health problems as well as having undertaken training in qualitative research methods and

interviewing. The interviews took place either before or after the football sessions in a private room at the Leisure Centre. The coach and receptionist at the Leisure Centre knew that the interviews were being conducted. Before commencing the interview, JH ensured that the participant information sheet had been read and a consent form was signed.

A semi-structured interview was conducted, following an interview guide. This interview guide was developed through prior knowledge of PA and mental health and experience of working with people with mental health problems. Example questions are: 1) can you describe your most recent football session 2) How did you feel before, during and after the football session? This can be seen in the supplementary material.

These interviews lasted between 15 min and 40 min and were audio recorded on a dictaphone. These files were transcribed verbatim where all names were altered to a pseudonym and used in the results.

2.4. Participants

Twelve male participants took part in the study. Two female players attended the first phase of the football sessions but they declined to participate. Evidence of a formal diagnosis was not required to take part in the football sessions but most of the participants talked openly about their mental health diagnosis. Those that had a diagnosis stated that they either had depression, anxiety or schizophrenia. Two other participants, stated that they were paranoid and were currently undergoing assessment. One participant stated that he had anger problems. Most of the participants were unemployed, one was in education, three were in part time work, one was in full time work. The age range was between 19 and 46 and all participants were white. Some of the participants described very chaotic lives and some were carers for others. For instance, one of the participants had recently moved in with his parents to care for them. All of the participants had previously played football at a variety of levels, but all had been through periods where they did not play any football.

2.5. Analysis

Thematic analysis has been suggested and deployed as an approach for exploring the impact of PA and football-led health improvement programmes in community settings (Braun Clarke and Weate, 2016; Robertson et al., 2013). Template analysis (TA, King, 1998; Brooks, McCluskey, Turley, & King, 2015) was used to guide a thematic analysis. This type of thematic analysis promotes the use of hierarchical coding with quite a high degree of structure but allows for flexibility which was required for the analysis in this study. The analysis is an iterative process which encourages the use of a priori themes – a distinguishing feature from other types of thematic analysis and relevant for this study. The initial a priori themes were: consideration of pleasurable experiences and negative experiences, based upon the literature review. However, these a priori themes were used tentatively and could be disregarded. This form of analysis does not align with any particular paradigm and complements a pragmatist worldview as both deductive and inductive forms of logic can be implemented.

The first stage of the analysis involved immersion in the interview transcripts, through reading and re-reading. Preliminary coding was undertaken, by making notes and highlighting anything which might contribute to the understanding of the football experience. Anything which may fit within the a priori themes were highlighted with specific colours. As these themes were tentative, no data was forced into these themes. The next stage was to organise these initial codes into meaningful and hierarchical groups. Once these initial codes were established, the first template was formed. Often in TA, only a sub sample of interviews are analysed before the first template is established. However, because this is a relatively small sample with some short interviews all of the interviews were coded before drawing up the first template.

As can be seen in the first template (see supplementary material), many more themes emerged than the initial a priori themes, however, they were evident in the analysis. The interviews were then re-read, but this time the first template was applied to the interviews and this was constantly refined and updated. Two further versions of the template were formed. However, upon writing, discussion and reflection, it became apparent to the authors, that the themes of template three complemented ART. Therefore, the main concepts of ART were used to further explore the findings and add depth to the analysis. This included adding type one and type two processes to the template and looking more closely at both the positive *and* negative affective experiences. Upon reflection, the negative experiences had been consumed within other themes and had been overlooked. Upon returning to the data with a different lens, it became clear that these experiences are essential to consider. The final template can be seen in figure one.

Nvivo 11 was used to help code and organise the interviews.

2.6. Trustworthiness

The quality of the study was guided by [Yardley's \(2000\)](#) principles. These are: 1) Sensitivity to context 2) Commitment and rigour, 3) Transparency and coherence 4) Impact and importance. These principles were adhered to by: a) conducting a thorough analysis as outlined above b) ensuring that the quotes represent the themes and narratives, c) acknowledging that the interpretation of these findings will have been influenced by the experiences of the researchers. For example, one researcher has experienced sedentary environments in mental health services. The other researcher has a public health background, with an interest in PA promotion. Bringing together health psychology and applied public health is seen to enable a deeper exploration of the phenomenon, viewing it from different perspectives, d) a 'critical friend' discussed the templates at each stage. [Smith and McGannon \(2017\)](#) argue that critical friends enhance rigour within qualitative research. This enables a reflexive discussion about the emerging templates and allows consideration of multiple interpretations of the data. This adds depth to the analysis and ensures that these reflections are relevant to the phenomenon. Examples of work which implement critical friends include that by [Lewis, Rodriguez, Kola-Palmer & Sherretts \(2017\)](#) which explores the perceptions of player welfare in Rugby League.

The interviewer was independent from the facilitator and worked for different organisations. The interviewer and facilitator were introduced through a mutual contact and there was no existing relationship between the interviewer and facilitator before the interviews commenced. Keeping a reflexive log aided the researchers to be cognisant of any potential influences on the interpretation as well as discussions with the critical friend.

3. Results

All of the participants in the study spoke very positively about their football experiences with the professional club and for most of the participants, these sessions were an extremely important part of their weekly routine.

The participants attended the football provided by the club once a week. However, many of the participants also attended a football session provided by a voluntary organisation in the local community (named Green House in this analysis) which was viewed as more of a 'kick around' (*an informal, unstructured and less organised form of football*). A comparison of these different sessions emerged during the discussion and subsequent analysis and these are discussed when appropriate. However, as the focus of the study was to explore the experiences of the individuals attending an intervention delivered by a professional football club when football is referred to in the results it is in reference to their engagement with the programme delivered by the professional football club community trust.

Some participants stated that football was the only thing that enticed them out of the house because of significant barriers, including paranoia:

Because I don't go anywhere, so I like suffer from paranoia and I don't like going out. So, football is like the only time I come out (Connor, Phase two).

The analysis which follows explores what it is about football - specifically this football experience provided by the professional club that enables the individuals to maintain engagement at these sessions.

Many of the participants stated how on football days they looked forward to football and automatically got up and attended. The factors which underpin this automatic action are explored and can be seen as a type one process in ART. However, there were occasions where attending was not automatic and included reflection and strategies of self-control to enable attendance. These can be seen as a type two process and the factors which enable the participants to engage are further explored. An overview of these themes can be seen in [Fig. 1](#).

3.1. Type one process

For some participants, football had become an automated process and was an activity which they looked forward to and instinctively attended:

It's literally the only thing I look forward to, so like this morning I woke up about 8 'o'clock, just woke up, got dressed, went and walked straight to my brothers, because it's football day. So like Tuesday's and Thursday's I've got a routine – the rest of the week I've got no routine (Mark, phase one)

For Mark, going to football had become so ingrained in his weekly routine, it appeared to be an automated behaviour – no pre reflection or internal dialogue was required to convince him to go. The only cue that Mark required was waking up and realising it was Tuesday. As outlined above, football can be the only activity that entices people out. The factors which underpin this automatic response appear to be associated with the football experiences but also previous positive experiences.

3.1.1. Positive experiences

For most of the participants, football held personal meaning and it was something which they had previous positive experiences. For some of the participants, especially in phase two, football had been a part of their life since early childhood and held fond personal memories:

I don't know, from virtually as soon as I could walk my Dad has brought me up like football, football, football, and it's just carried on ever since (Mark, phase two)

Although the participants described previous positive experiences, they had all been through periods when they did not play any football. Most of the participants only started to play again when they were introduced, by somebody else to an accessible football service. This was either to the current professional club or a different voluntary mental health organisation.

*Yes, I wouldn't leave my house you see, that's what brought it on, and then I had a worker take me to Green House*originally. I went to look around, and the only real thing that interested me was the free football, so that started becoming an aim to get there (James, phase 2)*

*Green House is a pseudonym for the name of a voluntary organisation for people with mental health and debt problems.

For James, football was the only activity that motivated him – which provided a spark of interest. Without the football opportunity, he would not have participated in any activity. It was football that drew the participants in - people's connection to football appears to be enduring. In the first instance, the participants appeared to be drawn to

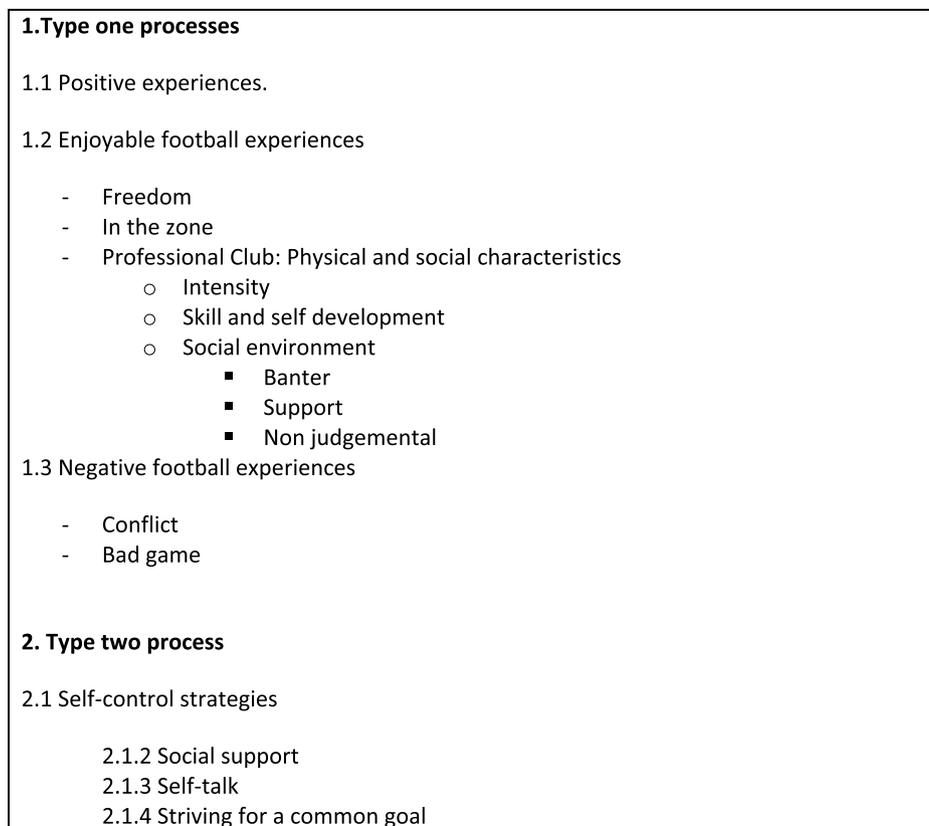


Fig. 1. Overview of themes.

football because of previous positive and meaningful experiences. However, to maintain engagement, the current football experiences also needed to be positive.

3.1.2. Enjoyable football experiences

All of the participants expressed pleasure and enjoyment when asked why they continue to engage in football:

Pure enjoyment, definitely (James, phase two).

The enjoyment which the participants experienced during football was paramount to engagement in football. This is not to say that the experiences were always enjoyable and there were elements of negative experiences, however, overwhelmingly the participants stated that they enjoyed football. The themes below highlight the perceived aspects of football associated with enjoyment.

3.1.2.1. Freedom. The participants described quite passionately how football was a place to escape or as one participant stated *'it's like a little holiday'* (Pete, phase two).

Football provided them with the lived space to be free of their daily stress and thoughts. As football was an activity which they were eager to participate in and has a variety of factors which engage their minds and bodies (see the theme the physical characteristics of football) they were able to experience what some described as 'escapism' and 'freedom'.

whereas this is escapism – even from reality. You don't think about anything – you think about nothing like that on that pitch ... It helps you forget a lot (James, phase two)

3.1.2.2. In the zone. For some participants, football provided more than just a space to be free from their everyday life but it provided a space where they were 'happy' and 'in the zone'. However, the football was

not only seen as 'pure enjoyment' because it was time aside from their daily lives, but because the activity itself excites them – they experience positive emotions. The participants often used the term 'buzzing' to highlight these positive feelings.

In addition, when I'm here, you know, you feel happy, you feel released, you feel in your own environment, you are in your zone (Pete, phase two).

When reflecting on what Pete meant by 'in your zone' images of being almost in a dream like state are brought to mind. Although the individual is living in the same body, for that time during football they are transported to a place far removed from their everyday living. Being "in the zone" is theoretically described as experiencing flow. This is when individuals are not consciously aware of their movements and actions; they are concentrating on striving towards a goal and experience a loss of self-consciousness (Csikszentimihalyi, 1975). Many of the participants described football as an activity (often the only activity in their current lives) which they were able to become completely immersed in, away from their daily thoughts and stressors. Football provided sufficient stimulus to enable the participants to be pre reflective and to immerse their mind and body in the activity, which occupies a different physical and felt space to their daily living.

Positive emotions were described in contrast to the negative emotions experienced in other aspects of their life. However, it was through the physical act of football that these negative experiences were perceived to be 'released'. For some, the stress and emotions which can occupy their minds are felt to be set free through the physical act of football.

Yes, it just exploded out, out your mind – it's one of them that all the stresses of the week, the depression, the anxiety, the anger, just feeling sad for no reason – sometimes you just want to break down (Pete, phase one).

As these perceived negative emotions have been felt to have been

released, the participants are enabled to enjoy the experience as these perceived negative emotions are no longer filling their being.

3.1.2.3. Professional club: physical & social characteristics. Overwhelmingly for these participants, football was the best and sometimes only platform for experiencing enjoyment, freedom and enabling flow, as described above. Upon consideration of what actually goes on during football and what it is that makes football enjoyable, the following physical and social characteristics emerged:

- a) The intensity
- b) Skill and self development
- c) The social environment

Football provided by the professional football club trust was paramount to the development of these physical and social factors. This will be further explored in the discussion below.

Intensity

The perceived intensity of the football sessions was an important characteristic of the football they engaged with. However, the perception of the intensity was one of the main differences between the two different phases of the football groups. Furthermore, the intensity of the football did not only encompass the physical intensity with respect to heart rate and perceived work rate, but also the intensity of the experience, including the competitiveness and the challenge felt. For those participants in phase one, they commented on how they enjoyed the low intensity, uncompetitive nature of the experience which was provided for that specific group. This contrasted to those in phase two where participants stated that the football was very competitive and challenging – something which most participants in phase two relished.

Phase one participant:

You know, nobody is trying to be the better of you ... you know, it's not about winning all the time, it's taking part (Sid, phase one)

In comparison to a phase two participant:

... it's a case of the competitiveness in the room, because there are so many lads and we all want to win ... It's good though because it makes it harder. If you had loads of people there who didn't really want to play, not very good at football, then it would be pointless going (Gary, phase two)

The intensity of the football needed to be appropriate for the individuals and the group, there needed to be a challenge but not too great a challenge for those that were not ready. As the intensity was right for both of the groups, it meant that their mind could focus on the activity and away from other thoughts and life stresses. Their mind is focused on the present activity with sufficient stimulus and intensity for their own self and those within their group.

The intensity and challenge of the football experience is facilitated by the professional staff who delivered the club-led programme, however, even the mere presence of the professional staff such as coaches can alter the experience with participants suggesting that they work harder when they are playing for the professional club:

Yes, because we have got professionals watching, so everyone wants to up their game, do you know what I mean? (Gary, phase 2)

Furthermore, the inclusion of trained staff provided from a professional club ensures that the tempo is right for participants but also that the sessions feel both professional and focused and therefore calmer than provision offered elsewhere in the community.

This one is a lot more calm because we have got proper staff, like obviously they work for a professional football club, so it has to be professional. But on a Thursday, like Tuesday is a more serious session and then Thursday is more of a mess around, like do what you want really (Gary, phase 2)*

* Tuesday is the pro football day and Thursday is The Green House session.

Skill and self development

As the intensity and challenge was appropriate for the individuals, the players in both phases were able to develop their football skills. The coaching received from the professional coaches was key to this skill development.

Coach – he supports us. What he does is he teaches us different techniques, ball passing – when we are on the pitch he'll tell us, you know, if there is an open space, to stand there, he will position us (Pete, phase two)

For the phase two participants, this skill development was leading towards competing in tournaments where they represented the professional club. Therefore, their training was leading somewhere – they had a goal and a focus and this was something which the phase two participants were very passionate about. Whilst goal setting could be seen as a type two process as it is a reflective process, it was the pleasure associated with achieving both skill development and playing in tournaments which encouraged the players to return to football.

Some of the participants described how they had previously participated in football tournaments but they were not playing for a professional football club. Playing for a professional club was seen as much more beneficial, partly because they were all in the same kit:

A couple of tournaments before, it was just us as Green House, and we were just turning up in just mixed kit, shorts, socks and just a black top with Green House on it – whereas now with the football lot, we are looking the same as the other teams in the tournament – they have got us a club kit. So we are going in kitted up, we are looking the part as well as everyone else (Gary, phase two)

As the club provided professional coaches and the involvement of the external coach at the tournaments appeared to take some of the pressure away from the captain of the team and the key workers from other organisations. In the quote below the key worker is Paul from Green House:

At least when you go to tournaments they take the pressure off like me and Paul, the coach like, because they all get mardy when you pick the teams. Whereas if [club] have to pick the teams – sound, you ain't got that stress. (James, Phase 2)

Furthermore, being in the same football kit, travelling on the bus and playing for a Professional Club appeared to enhance team cohesiveness, a sense of belonging and self-worth:

It's good to play for a team like ... I mean they are League One ... It's good, it makes you feel good, it makes you feel like you are something (James, phase 2)

The above quote highlights how important that being part of a professional football team is to these participants. It appears to enhance their sense of self as they perceive the club to be prestigious and as the club invests resources, it helps the individuals feel worthy, which is further supported in the following quote:

I think the fact that it's a football team, everybody buzzes off it, if you know what I mean?...Someone has recognised us (Aaron, phase two)

However, for a small minority of the participants losing a game had quite a negative impact. One participant in particular described how he felt quite negative afterwards. He dealt with this by taking himself out of the situation.

Well I was left on my own for about 20 minutes after the final on Thursday until I chilled myself out ... I was in a bit of a mood for the rest of the day (Mark, phase two)

Although Mark felt very negative after losing, he had identified that he needed to remove himself from the situation and ultimately he returned to football training the following week. Although Mark was able to self-regulate, this might not be the case for all players. Therefore, this should be given consideration when training of the professionals delivering the football-led interventions for this group.

Social environment

The social environment was one of the principal factors, which the participants described as being important, and one of the main motivating factors for returning. The 'banter' associated with playing football was particularly important:

Yes, like we all have banter about it, know what I mean, take the mick out of each other and that. It's part of being mates, ain't it? (Gary, phase two)

Although other activities can also foster social interaction, football provided the means to have a natural social interaction. The participants were not forced to talk to anybody or discuss anything, but they were able to have natural light hearted 'banter'. This is perceived to be normal, natural chat which is part of the norm in any type of football and football team. Furthermore, the tournaments that the trust team had access to because of their professional status also created the opportunity for further social interactions:

We had the tournament on the Thursday, we were all having a banter and a laugh and a joke on the bus on the way there, which sometimes we don't normally have and we don't normally do as well as we did. But it's ... I don't know, it's vital to have that banter and that connection between the team (Matthew, phase two).

The opportunity to be part of this tournament with a bus provided was enabled due to the involvement of the professional football club. Although the participants described other tournament opportunities, they described this tournament as more beneficial – partly because of the added social interaction gained from travelling on the bus together. This providing further opportunity for 'normal' behaviours to develop.

Support

In both phases, an important part of social interaction is supporting others and help to improve others confidence.

I get enjoyment out of just seeing them improve on their own, even if I have a bad game, just sitting and say if Rooney scores a hat-trick or something – I'd get more enjoyment out of that than obviously myself scoring a hat-trick (Mark, phase two)

Some of the participants described how they took responsibility and governance of the game. This governance was taken seriously to protect and enhance the mental health of other players. Furthermore, governing was taken more seriously when the players were being coached by the professional club, rather than on days when football was 'just a mess about'.

Non-judgemental

Another key aspect of the social environment for promoting a positive environment was the feeling of being accepted and not judged by others because everyone is going through something similar.

No, it's more to do with you feel safe, you feel all like you are not going to be judged ... you know that the people are going to be there for you, or for the fact that if you needed someone to talk to (Mark, phase two)

The football sessions provided by the professional club were seen to provide not only a safe physical space, but also a safe emotional space, where everyone was accepting of other people's mental health.

Furthermore, because this group had formed bonds they understood other people's mental health may impact on the football.

3.1.3. Negative football experiences

Some of the participants described situations when football was not pleasurable, for instance having a bad game:

If I have a bad game: that's literally it – like even if I don't enjoy it, I still enjoy it because I know the positives out of it – I have actually come out the house, I have spoke to people, I am not sat in 4 walls on my own, know what I mean? I am interacting with others (Aaron, phase one)

The influence of others being negative also impacted upon individual's experience. For instance, in phase two there was a lot of discussion of people being 'mardy':

Yes, the moaniness does. We'll sit there beforehand and it's like they really don't feel like going because people are being mardy, but then it's like you just accept it and take it, and it's like you are going to get them characters, especially in the mental health. There's now't you can do about it – they are just going to moan (James, phase two)

There were also examples where the stressors from daily life were brought onto the pitch. At times, this could have a negative impact on others as that mood was transferred to the football experience, which did result in aggression on the pitch. However, football was still described as beneficial, in that their perceived mood was still improved after football. Despite these negative experiences, the participants always reasoned that the positives outweigh these negative experiences.

Professional football clubs and teams are used to playing in organised, structured and rule bound contexts and these features permeated the training and competitions men engaged. The staff provided by the professional club also helped when there are negative influences, such as stress and confrontation:

[coach] he backs everyone up, he'll say well ... and if there is a confrontation, he will angle it – he'll angle it "well just shake hands" on this sort of thing – as soon as you've had that contact of shaking hands, your brain just thinks "okay, done, shook hands, that's it done". (Pete, phase two)

However, there was also examples where some of the participants saw aggressive behaviour as a normal part of football:

You see Premier League players surrounding the referee going mad, so it's no different, it's just they are on like £300,000 a week and I'm on nothing (Mark, phase 2).

Partaking in normal behaviours is viewed as an essential part of recovery in mental health services, however, there may be some aspects of this which could be viewed as unhealthy, such as aggression. Nevertheless, these comments are in the minority and the influence of the professional club is overall seen to be beneficial.

It appears, from this analysis that there are many physical and social factors that provide an enjoyable experience which are seen to underpin automatic type one processes. Many of these factors were enhanced because of the provision by a professional club.

3.2. Type two process

According to ART, a type two process is reflective and not automatic. A type two process requires self-control strategies to action PA.

3.2.1. Self-control strategies

Three main self-control strategies emerged from the analysis, these are: a) the development of social support b) self-talk c) striving for a group goal.

Support, from either a mental health professional or friend appeared to be essential in the first instance. However, over time, the participants

described developing their own techniques to help engage in football and the requirement for support altered as the participants developed:

Yes, I would be picked up at first, and then over the years of doing the football, my confidence has quite ... it's getting there now (James, phase two).

James outlined how, over period of time, his confidence has developed and this has enabled him to attend football by himself. Once James' mind and body felt comfortable in the environment, his confidence to attend without the presence of another individual grew. However, some continued to need support to attend football but did so, not only because of the support but principally because they enjoyed football. If they did not enjoy football, they would not have attended these sessions with or without support.

As individuals became more familiar with the football environment, they appeared to develop self-control strategies which enabled them to continue with football. This included developing their own support network independent of healthcare workers.

Yes, I still have them [bad] days, but when I'm on the football, there is always someone to go "are you coming to football today?" You are never left there like with no one inviting you (James, phase two).

Development of other self-control strategies such as self-talk to help overcome barriers and negative thoughts also emerged:

I didn't want to let nobody down ... for one, you know, people going out their way to help us ... you know, I have not got a cold, I have still got use of my legs and my arms it's just in my brain I have got a few problems, I thought, bugger it, I am coming ... that's it, done, it's like ... make an effort (Sid, phase one).

Participants motivated themselves to engage through self-talk by anticipating positive future thoughts, affect and behaviours. This included the impact not turning up will have, on others and not letting people down including the professional staff who turned up to coach them (as reported above). Other thoughts included the impact on their physical health and how they would feel after taking part in football. This consisted of the feelings of achievement and positive behaviours that would follow football.

I think I will go back today with a stride in my step, and I think I am not going to sit on my backside watching Jeremy Kyle, I am going to do something, like I have got a garage at home, I have got an old car in there and I start tinkering on that, (Sid, phase one)

A further self-control strategy was striving for a common goal. In the case of the phase two participants, this was competing at a football tournament, representing the professional club in tournaments and competitions.

We have got like another 11 tournaments this year that has come across – and now they [players] want to come every single Tuesday and Thursday because that is going to be theirs ... that's something to take to the grave, that's a memory (Pete, phase one).

This goal helped motivate the individuals to turn up for training as they aspired to be competitive at the tournament and do the best that they could. The consideration of achievement was discussed under the theme enjoyment as this provided pleasure. However, the use of goal setting also appeared to help people to attend on the days when going to football was not an automatic process.

The development of these self-control strategies were acquired over time and individuals appeared to develop these themselves – without the influence of professionals. Integrating self-control strategies into programmes may help individuals to maintain their engagement at sessions.

4. Discussion

The aim of this study was to explore the experiences of individuals attending football provided by a professional club community trust to further our understanding of the behaviour change processes involved in facilitating and maintaining engagement in this provision.

Given the importance of meeting the needs of potential participants (Eldredge, Markham, Ruiter, Kok, & Parcel, 2016) considering these processes is important for informing the intervention planning, design and implementation phases for PA programmes. With those thoughts in mind, this study advanced the existing knowledge on football amongst people with mental health problems by exploring the behaviour change processes involved in engaging individuals in football. The Affective-Reflective Theory of inactivity and exercise was discussed alongside the findings and this enabled a novel consideration of what happens during the football experience. Implementing ART in the analysis has enabled a deeper consideration of factors associated with pleasure and reflective processes, which engage individuals in football, provided by the professional club trust. These factors can be broken down into two main categories: 1) Factors associated with an enjoyable experience and 2) Reflective self-control strategies which are used to enable participation.

4.1. Pleasurable experiences

Enjoyment was central to the experiences discussed by the participants, with some describing experiences of flow. Achieving experiences of flow is not always feasible, however, other literature supports flow being possible and beneficial in PA for people with mental health problems (Hargreaves et al., 2017; Ley, Krammer, Lippert, Ratto Barrio, 2017; Pickett et al., 2017). To facilitate an environment where flow and enjoyment can be experienced, a number of physical and social factors emerged, these were: the intensity of the football training and competition, skill development and the social environment. These factors were all underpinned by the involvement of a professional football club.

One of the physical aspects of football which appeared to be associated with flow and enjoyment was the intensity of the challenge. There seems to be little research evidence which explores the PA intensity and challenge with respect to affect and enjoyment amongst people with mental health problems. Some research does suggest that low-moderate intensity PA is preferred by people with mental health problems (Chapman et al., 2016; Fraser, Chapman, Brown, Whiteford, & Burton, 2015). This research used cross-sectional surveys to identify PA preferences; however, these surveys did not include football or football provided by a professional football club. Furthermore, the challenge of the experience was not considered in this research. Qualitative research has highlighted that the intensity of the PA experience can help people with mental health problems either work through their thoughts or be distracted from their thoughts (Hargreaves et al., 2017). The current research adds to this. Indeed it was found that if the challenge was either too demanding or not sufficiently demanding, pleasure or flow were not experienced. This could be a problem for service providers as each individual attends with their own football experiences and desires and the coach needs to attempt to fulfil these ambitions. This requires further investigation in particular how the different needs of participants are balanced and the extent to which practitioners delivering interventions are aware of this issue.

There were some negative consequences of the intensity of the game, for instance, some participants expressed feelings of frustration when they did not win. Furthermore, some participants discussed conflict on the pitch, which can also be seen in the work of Friedrich and Mason (2018). It is worth recognizing that participation in PA programmes is not always positive all of the time. This highlights the importance of on-going process evaluation investigating what works why and what does not work as well, so that programmes can be refined around participant needs (Pringle, McKenna and Zwolinsky, 2018; Pringle et al., 2014). In this scenario, evaluation of interventions is an iterative process (Eldredge et al., 2016).

Previous research has found that increased social opportunities is a key benefit from playing football (Carter-Morris & Faulkner, 2003; Darongkamas et al., 2011; Mason & Holt, 2012). As the current study explored what happens during football, it emerged that the ‘banter’ exchanged during the game is an important factor in enabling an enjoyable experience. However, the participants in the current study had been playing together for a significant amount of time and therefore the participants were comfortable in each other's company. Importantly, football can foster these light-hearted interactions which provide pleasure. However, these interactions may only occur if the physical characteristics of football are appropriate. PA and health programmes that do not consider these assets have been found to be displeasable to participants attending with long term health conditions (Lozano, 2016). Given the increasing role that professional football clubs now have in providing PA led mental health interventions (Curran et al., 2017) this is an important consideration for those planning and implementing interventions.

A further social factor which emerged was experiencing pleasure through seeing other people achieve. For some participants, this entailed taking responsibility in helping others to develop their skills and taking some governance over the game. Taking responsibility came naturally to some of the participants and the coaches allowed these participants to thrive in this role. Indeed, coaching participants to support fellow participants is a benefit of trained and qualified coaches delivering PA sessions. Qualified coaches have been recipients of this process during their training. Developing these leadership skills and cascading leadership responsibilities to those in the football group is an important ingredient in helping to sustain PA interventions in the community longer term (Pringle & Zwolinsky, 2017). Going forward, this consideration could be fostered when planning football and PA interventions, recognizing the importance of training and education for both trainers of and volunteers taking on this role, including working with people who have mental health problems (Curran et al., 2017).

The perception of a safe emotional and physical space has previously been reported as been imperative to a positive PA and football experience (Hargreaves et al., 2017; Mason & Holt, 2012). The current study supports Mason and Holt (2012) as it emerged that football provided by a professional football club can be deemed as a perceived safe and non-judgemental environment. Further, the involvement of the professional and trained coaches also helped manage any disagreements or conflicts that arose during participation. However, there may be other factors to consider with respect to designing a safe environment. Although this did not emerge in the current study, further exploration of what makes a ‘safe environment’ for this group of participants is an important consideration in meeting participant needs. One suggestion is that those planning interventions should undertake needs assessments prior to delivering interventions, so there is a more informed understanding of the determinants that facilitate engagement in PA (Eldredge et al., 2016).

Further, researchers have highlighted the importance of professional development of practitioners working in this area. Curran et al. (2017) have indicated that football in the community coaching staff could receive training on the mental health first aid kit. Other considerations include the development of self-monitoring techniques to help participants ‘keep a check on how’ they are feeling’ as well as the self-control strategies discussed in this paper including developing social support. Further Curran et al. (2017) suggested raising awareness of the pathways in which adverse outcomes could be managed as well as signposting participants to qualified professionals. Recognizing that some men in this study expressed disappointment with the outcomes from matches, professional development could also extend to helping participants cope and manage feelings associated with competitive defeats.

The involvement of the professional football club appeared to enhance the football experience for the players, as it appeared to aid a sense of belonging and enhanced self-worth. This stems from being in

the same kit, playing for a club and aiming for the same goal (winning at tournaments). Indeed fans of the host football club where they engaged football interventions have reported feeling proud to represent ‘their’ football club in tournaments (Pringle et al., 2014; White et al., 2012) and these feeling emerged from men in this current study. Moreover for some men, the relationship with ‘their club’ has been seen as both an ‘trusted’ and enduring-sometimes handed down through generations (Robertson et al., 2013). These findings support research investigating the delivery of interventions by professional football clubs (Curran, Drust, Murphy, Pringle, & Richardson, 2016; Pringle et al., 2013) and this is another important consideration for planning football-led health improvement interventions, including those aimed at mental health wellbeing.

Furthermore, receiving coaching from qualified coaches, associated with a club, helped individuals develop their football skills and enhance their self-worth. Whilst, other studies have found that PA can enhance self-worth (Carless & Douglas, 2008), the provision of qualified coaches affiliated with a club helps individuals to feel important. Football Club Community Trusts aspire to implement programmes focussed on important social agendas including health, education and social inclusion within their local communities (Pringle & Zwolinsky, 2018). That said, the authors recognize that this important work also contributes to meeting broader public relations and corporate responsibility Key Performance Indicators for the parent club. In this study, participants did not report the impact of corporate relations, or PR activity on their engagement. That said, future research may explore the effect, both positive and negative that professional football club public relations have on participant engagement in health improvement programmes including the channels for reaching participants.

More importantly, this study highlighted the unique behaviour change processes that a professional football club trust had on the engagement of men attending a football led mental health intervention. Pringle, Hargreaves, et al. (2014) and Pringle, Zwolinsky, et al. (2014) have suggested the reach of the club badge includes a complex interplay of people, places, processes and product and these factors contributed to participant engagement. The football (the *product*) was led by experienced, and trained coaches with officially recognized Football Association (2018) coaching qualifications (*people*) who provided organised and structured training sessions with expert instruction and access tournaments (*processes/places*). In doing so, participants travelled as a team (*people*) in organised transport and wearing branded attire provided for them (*processes*). Further, the programme tapped into these and other factors when facilitating engagement. In this study, participants reported that the delivery of football through the club was very different to that provided by the community group. Indeed for many men, the processes explored in this contributed to this potent reach seen elsewhere (Conrad & Abraham, 2016).

Given this unique reach, football and sport club community trusts are very much part of the topography for PA and health improvement in the UK (Hunt et al., 2014, Martin et al., 2016; Pringle & Zwolinsky, 2016; Rutherford et al., 2014). Indeed, football-led health improvement programmes that have shown to be effective at promoting PA and health outcomes have been rolled out and sustained and an on-going programme nationwide (Hunt et al., 2014; Scottish Premier Football League Trust, 2018). Given the unique reach that sports and football clubs can have in connecting people to health improvement interventions, it is unsurprisingly they have been suggested as important settings to support the development of national PA and health improvement strategies and policies (Mutrie et al., 2018) and now included in government strategies for sport and PA (DCMS, 2015).

4.2. Self-control strategies

Three key self-control strategies emerged which aided the participants attend football on the occasions that attending was not an automatic process. These were self-talk, social support and goal setting.

Self-talk has previously been found to aid in engagement in PA in people with mental health problems (Rastad et al., 2014). The current study advanced the research by identifying that positive self-talk was a strategy that the individuals developed themselves. Furthermore, the content of self-talk was often focussed on feeling and behaving more positively after football had finished. Developing self-talk skills could be explicitly developed in football and PA programmes and requires further investigation.

Social support is a frequently used strategy in PA interventions to enhance behaviour change and peer support has been found to aid recovery amongst those with mental health problems who play football (Lamont et al., 2017; Magee et al., 2015). The current study added that using social support could be essential for engagement in football on the occasions where there were significant barriers to attending. A text message or a phone call from another participant often made the difference and encouragement for an individual to attend. As the participants had formed friendships outside of football, they had exchanged numbers and some shared lifts to the venue. This is something that this group had formed naturally but could be facilitated by the coach/facilitator. Encouraging friendships within the football sessions could also help to reduce costs from mental health services as some participants stated how over time they had less reliance on mental health staff to accompany them to the venue as friendships developed.

Working together as a team to achieve a group goal (winning a tournament) was also instrumental in facilitating engagement on days where football was not an automatic process. Although goal setting is implemented into behaviour change interventions in the general population (Michie et al., 2011). The current study highlights how the use of a team goal can help to maintain engagement in football.

The three self-control strategies discussed above are often used in behaviour change interventions in the general population (Michie et al., 2011). However, there are no behaviour change interventions which implement self-control strategies alongside a consideration of affective experiences for those with mental health problems. This requires further investigation.

This study has highlighted that attending programmes also provides the opportunity for participants to ‘get good’ at attending by refining important self-control skills and strategies that support participation such as self-management and self-evaluation. Operational circumstances such as time pressures and short-term funding arrangements (Pringle, McKenna, & Zwolinsky, 2018) often result in PA providers moving to the design phase, without considering these important factors. The determinants to participant engagement in PA interventions should be considered at the outset from a participant-led perspective as this can help identify and then facilitate efforts that impact on the determinants to engagement (Eldredge et al., 2016).

Further, Intervention Mapping processes can provide a logical and iterative framework for planning and implementing interventions centred on participant determinants and using a needs-led approach. Using Ransdell's Intervention Mapping framework helps to break down the intervention into programme needs, planning, implementation and evaluation (Ransdell, Dinger, Huberty and Miller, 2009). This framework helps deliverers to think and then identify the determinants/needs to the adoption of PA and health interventions. This has shown success when developing community-based PA programmes. For example, Pringle and Zwolinsky (2017) used this framework to organise a PA intervention for older adults and in doing so, considered the relationship between needs and how these are reflected in the other stages of developing interventions. While this example is not specific to a football context, the framework could be a helpful approach for football community trusts when thinking through their interventions. Furthermore, employing a needs-led approach enables factors such as enjoyment, intensity, social support and the development of self-control strategies to be implemented into the design of interventions and football for people with mental health problems.

Based upon the results and the discussion above, here are some

suggestions as to how to enhance the affective experience and design for those planning and providing football should consider.

- 1) The intensity and challenge needs to be appropriate for the group
- 2) Focussing on a common goal – such as a tournament or a challenge
- 3) Identity of the team including playing kit and team values.
- 4) Training provided by facilitators that are experienced and qualified.
- 5) Creating a safe physical and emotional environment.
- 6) Providing education on developing self-care strategies
- 7) Assessing and meeting the professional development needs of delivery staff, including training for those working with people with mental health problems.
- 8) Using intervention mapping frameworks when planning interventions at the outset.

5. Strengths & limitations

The main strength of the current study is that an in depth analysis was undertaken which enabled an exploration of the processes involved in engaging individuals in football for people with mental health problems. This has enabled further understanding of how people initially engage in football and why and how they continue to participate. However, only one football group in one part of the UK has been used and different groups may share different experiences. Furthermore, all of the participants were white and male. Only people engaged in football took part and therefore, we do not know why some people do not initiate engagement in football. Interestingly no one discussed previous negative football experiences, which could suggest that those with negative experiences did not engage in football, this requires further exploration. Furthermore, this study was focussed on exploring the experiences of football provided by the football club community trust, it was not an evaluation of the intervention. Future studies could implement a rigorous impact and process evaluation, which considers the public relations and corporate responsibility aspects discussed earlier, as well as the profiles and experiences of those who elected not to adopt or adhere to the programme. No pilot interviews took place as the interviewer was experienced in interviewing participants about PA among people with mental health problems. Therefore, it was deemed unethical to interview participants if their data was not to be used within the research.

6. Conclusion

Application of ART to the experiences of football in people with mental health problems has enabled a novel insight into the behaviour change processes involved in engaging individuals in football. Both pleasurable experiences and self-control strategies were required for individuals to participate. It emerged that to enable an enjoyable experience; the physical and social environment needs to be considered in the design of programmes. Furthermore, the involvement of a professional football club trust enhanced the participant's experience and facilitated engagement in this intervention - understanding these processes further could help facilitate participant adherence to similar programmes. Given the emergence and interest of professional sports and football clubs to connect with people around their mental health, such insights will be helpful in shaping policy and practice in this increasingly important area.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.mhpa.2019.02.002>.

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