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# Investigating the effect of walking football on the mental and social wellbeing of men.

A weekly walking football intervention was delivered for men identified by mental health services with a mental health condition. Following familiarisation, an interviewer-led questionnaire captured demographic data. Semi-structured interviews were undertaken with (I) male attendees using an adapted version of Hargreaves and Pringle[1] and (II) the walking football programme lead. Interviews explored facilitators for engagement, benefits and key implementation considerations. Nine men attended of which seven participated in this research. Participants were white British, aged 25-44 years and living within 10 miles of the venue. Interviews identified the effect on social and mental health benefits including social support, connectedness and responsibility to fellow attendees of presenting each week. Distraction, achievement and confidence from playing football, as well as the development of skills were also identified as benefits. The intensity in which walking football was played helped facilitate inclusivity along with a stable local venue that helped accommodate different ability levels.

**Key words:** Walking football, social health, mental health, physical activity, intervention

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## Introduction

Mental health represents the largest single cause of disability in the UK, with one in four adults expected to be diagnosed with a problem in any given year.[2] Symptoms associated with poor mental health can encompass physiological and psychological issues, as well as difficulties socialising and talking about how an individual is feeling.[3] The UK Government's physical activity (PA) recommendations highlight the important role that regular exercise can play in the promotion of good mental, social and physical health.[4] While more men than women meet the



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recommended guidelines,[5] research has indicated that some men do not engage primary care services when they have a health condition, in doing so incubating health issues and reducing treatment options at a later date.[6] Investigations have identified that in those men who sought diagnosis for a mental health issue, three quarters did not discuss their condition with friends or family one month later.[7] Men may find the clinical support networks offered through health services to be unacceptable in meeting their needs.[8] Collectively this may leave some men feeling vulnerable, isolated and bereft of appropriate support networks.[9] Further, people experiencing poor mental health have lower PA levels than those who do not [10] and given the important role PA can play in mental wellbeing,[11] this is cause for concern.

With those thoughts in mind, innovative approaches are needed to engage people[12] including men, in health and PA interventions[13] and football has been suggested as just one channel for connecting a wide range of participants to PA programmes. This includes men dwelling in the local community and suffering with poor mental health[14] as well as those with limited social support networks.[15] It is no surprise then that a significant investment has been made by football's charities, Government's, football club community trusts and local health partners, [16] in programmes aimed to increase PA participation for the purposes of improving health, including men. Indeed, a number of studies confirm the effectiveness of football-based interventions for positively impacting on a number of key health conditions reported in the current PA guidelines including, overweight/obesity,[17] CVD,[18] dementia[19] and the effects of ageing.[20] In some cases, interventions which have proven to be effective in improving the health status of participants have been rolled out on a nationwide basis.[21 2]

Although the Government has published updated PA guidelines, Recent evidence suggests that for mental health benefits, PA does not need to be distributed across the week, as long as the recommended volume is combined into one or two sessions[22]. PA such as swimming and walking have shown potential to improve people's mood and mental health[23]. Whilst certain





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interventions have found to reduce symptoms of depression; leading to a better quality of life [24]. Although an individual can choose to exercise alone or as part of a group, incorporating a social aspect into PA has shown to improve mental wellbeing within certain population groups [25]. Research on the role of football and mental health[26] and social health[27] is growing. Studies have identified that participation in football as a mode of physical activity participation can create peer support which can help with the recovery from poor mental health,[28] improve confidence,[29] increase well-being, connectedness, symptom relief[30] and transformation of self-stigma.[31] Further, football can help to improve social relations, enjoyment and exercise continuation[32] as well as providing an opportunity to be physically active.[33] Football can also provide a non-clinical setting for people with mental issues to work developmentally with others[34] and as part of their recovery.[35] Further, playing walking football has been associated with well-being and enhanced relationships.[36]

Recognizing that as men age, football in an un-adapted version (90 minute game time, full pitches and running mode) may prove to be inaccessible for some aspirant participants due to functional limitations, illness and injury, [37] whilst others may encounter barriers such as access, cost and availability.[38] Although football will not appeal to all groups of men, more recently, we have seen adapted versions of the game to include walking football.[39] Although based on association football, the key difference in the rules, from the 'standard mode', is that if a player runs then they concede a free kick to the opposition.[40] Despite the increase in popularity and associated benefits of football, fewer studies have investigated the impact of walking football on the mental and social wellbeing of men [41] as well as factors that help facilitate the implementation of walking football programmes for men with poor mental health. With those thoughts in mind, this study aimed to identify the effect of a walking football programme on the mental and social health of men along with investigations into key implementation considerations that may facilitate delivery.



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**Literature Review**

Efforts to increase PA in people with serious mental health conditions are desirable, but little is known about how best to support this group [42]. PA such as swimming and walking have shown potential to improve people's mood and mental health [43]. These activities can be engaged on one's self or with other people depending on their own preferences [44]. [45] Further research, found that incorporating a social aspect into their PA intervention improved the mental health of their population group.

Study findings remain unclear on the benefits of exercise and physical activity interventions for people with serious mental health conditions [46]. Exercise based interventions have found to reduce symptoms of depression; leading to a better quality of life [47]. These interventions often combine social interaction in collaboration with exercise in non-psychiatric settings. Importantly, these interventions provide physical health benefits that are particularly crucial in a population where it is notably absent [48].

Social isolation is another common issue which adds to an individual's stress and anxiety [49.] A review of health improvement interventions delivered by Football Community Trusts in the English Football League identified that 82% delivered interventions aimed at promoting mental wellbeing, while all trusts provided PA interventions [50.] PA provided through football supports this notion and a number of studies [51] have shown how interventions, using the sport can tackle isolation and loneliness. Further, the Premier League Men's Health programme a national programme of men's health improvement delivered through 16 football club community trusts recruited hard-to-engage men presenting with multiple risk factors for CVD, not considering their health profile as a problem and not engaging primary health care services [52]. Over 18% (n=104/559) of men completing the programme showed a reduction in



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health related stress with just under 9% (n=49/559) moving to a level where they felt that their health had not suffered as a result. Overall, there were statistically significant reductions in the health-related stress of completers from pre to post-intervention (Z= -4.40, p<.001). Importantly, over 15% of men completing the programme (n=101/662) showed a positive change in social support with nearly 7% (n=45/662) moving to a level where they felt that they had forged social support networks they could rely on in times of trouble [53]. As such football-led health improvements can help recruit participants most in need of health intervention including the provision of mental and social support which was harnessed through football and PA provided through a football club community trust. Investigations from the same programme identified attendees who reported increased social connectedness, bonding and achievement. [54] Further, qualitative evidence suggests football increases social skills, confidence and feelings of empowerment [55]. Despite this, it is still unclear whether it is football or the social interactions which cause the positive effects [56].

Football-led interventions offer an important opportunity to increase social connectedness and inclusion [57], whilst also providing a sense of achievement and empowerment [58]**.** Studies in London, UK based on the "Coping Through Football" intervention identified higher levels of quality of life and self-esteem [59]. Both of these measures were short-term follow ups and with no long-term data collected, it is unclear how long these feelings lasted [60].

Studies involving football as a vehicle [61], have identified that individuals become more aware of their activity levels as a result of attending a PA intervention, improving their moderate and vigorous physical activity level. In addition, football is popular amongst a wide spread of socio-economic and ethnic groups making it an inclusive option when implementing an intervention [62]. This helps with psychotic problems in individuals who feel as though they are not wanted in society [63].

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From a personal recovery perspective, the dominant paradigm in mental health service focuses on *'participation with'* individuals rather than administering mental health service users [64]. '*Male oriented'* team sports such as football are powerful vehicles for attracting men who experience a range of mental health conditions [65]. These sports help to foster the sharing of common interests and experiences, allowing service uses to relate to one another and feel they are on a journey to recovery together [66]. However, the value and efficacy of these therapies can be questioned as they are still relatively new to the research field, in terms of therapeutic management. WF is a prime example, and whether the same health benefits are evident remains unclear. WF wasn't designed to improve cardiovascular fitness as the game is tailored to being inclusive for all, whatever physical ability however, it can be used as an initial platform to propel participants into more intense activities if they wish [67] and promote mental and social health benefits. Based on the current literature, there is scope for further understanding on WF and how it can be implemented within a community setting.

## Materials and Methods

### *Intervention context:*

Unlike studies that have set out to co-design and implement a walking football programme with mental health professionals and service users,[68] this study investigated the impact of an existing community walking football programme on the mental health of men, including the barriers and facilitators to engagement. Such provision is important for helping individuals suffering from poor mental health.[69] as well as shaping future iterations of the programme delivery. In this study, a walking football intervention took place in a community leisure centre within a district of Leeds, Yorkshire, United Kingdom and was funded by the local authority and run by a Sports Development Officer. Sessions took place on a set afternoon each week and involved up to 60 mins playing walking football followed by an opportunity for men to meet and socialise



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together. The session was held outdoors on the 4G pitch or indoors to accommodate the impact of the weather and the UK seasons. A nominal fee of no more than £2.50 was charged to participants, reduced for those with a participation loyalty card. The intervention ran continuously and men could join at any time, so provided a flexible 'hop on' point. Participants were eligible to attend the intervention if they were male and had been diagnosed as suffering from a mental health condition and referred by a local mental health service. Prior to engagement, attendees were assessed for their preparedness to take part in the intervention. Participants could attend the session with the support of their care workers. As part of the intervention, participants could also meet with the programme lead and discuss any issues including those linked to their health and well-being and participation in the programme.[70]

***Research Context***

Prior to recruitment, ethical approval was provided by [Blinded for Peer Review] University and all participants were provided with pre-information on the study and consent forms and consented to participate in the evaluation on a voluntary basis. To help facilitate recruitment and data collection, the lead researcher attended the programme over a period of five months to become familiar with the context where the intervention was delivered, as well as build up rapport and relationships with participants and potential volunteers for this study.[71] In some cases, the researcher also took part in the sessions and this approach has proved to be effective in facilitating researcher acceptance and building up rapport as seen elsewhere.[72]

Demographic information, age, ethnicity, gender, postcode and use of health services was captured using a self-report questionnaire.[73] There is a need for investigations that allow participants to report their experiences and also how walking football impacts on their well-being,[74] along with the views of participants and delivery staff that help provide insights into key implementation considerations, useful for those planning interventions.[75] As such, semi-

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structured interviews were undertaken with participants and the programme lead. This study adapted Hargreaves and Pringle's[76] procedures that had previously been deployed to investigate the impact of mental health improvement programmes delivered by professional football club community trusts and focussed on the traditional version of the game of football. This was selected because their approach was deemed acceptable when engaging men with mental health issues and also effective in discovering insightful accounts on how a community football programme has impacted the mental and social well-being of men. Further, it identified key design considerations which are important for planning interventions for promoting physical activity and mental wellbeing.[77] Interviews took place in a meeting room at the leisure centre either before or after the session had taken place. This allowed the participants to be in a comfortable, familiar environment as recommend elsewhere.[78] Interviews were undertaken by the lead researcher and lasted between 45 and 60 minutes, were digitally recorded and transcribed verbatim. This study was conducted in 2019.

***Data Analysis***

Following transcription, researchers followed the six steps in Braun and Clarke's thematic analysis to ensure a pragmatic and trustworthiness process.[79] This approach has been used in investigations of football-led health improvement programmes[80] and highlighted as good practice.[81] Following transcription and reading of the interview transcripts to saturation, coding identified interesting features in the data and these were grouped into coherent themes

A thematic map was generated where two researchers (Blinded for Peer Review) came together to compare their individual analysis of the transcripts to consolidate and agree on themes. Using these themes, excerpts from participants are provided in the results. Basic frequencies are reported in the text for demographics as seen elsewhere.[82]

**Results**



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***Demographics***

Out of a total of nine regular attendees, n=7 men volunteered to participate in the research aged 25-34 (n=5) and 33-44 years (n=2). All were White British living within 10 miles of the delivery venue. All participants reported engaging with health services in the last five years.

***Impact on social and mental well-being***

In their interviews, men reported a range of mental health issues including, depression, anxiety, agoraphobia, schizophrenia attempted suicide, gambling and also feeling they had a lack of focus and purpose. All men had been referred to the programme by a community mental health service due to their condition.

*Social ties*

Men reported meeting up on a weekly basis to discuss any issues they had with participants. Further, as members had been part of the programme for two years' they enjoyed socialising and developing friendships. This allowed them to discuss any personal issues they had and was cited as key factor by the programme lead. As socialisation increased, one member is now helping to organise an additional session

**P1:** It's just coming down and the chance to see my mates.

**P2:** It's like when I first started, I didn't really know them all that well… they encourage me to come every week and I've developed a bit more of a friendship.

**PL:** I know the social element it's one of the biggest things as they feel as though they're letting other people down if you don't come.

**P3:** It's nice to just get together at the end and just talk and chat about any issues… it's a good way of getting to know one another rather than just as teammates.

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**P1:** Yeah so I'm trying set up a five aside one night a week, because we all want play more together.

*New lease of life*

Men reported that through walking football they had renewed purpose and engaged with other forms of activity outside of football.

**P3:** I'm going to be 49 next but that doesn't mean my life is over… to be honest I wasn't getting out much… I was inclined on staying in most of the time, but this has brought me confidence to go and do stuff again… I'm like a Yo-Yo now bounding up and down.

**P6:** Playing football has made me want to go back to the gym and increase my fitness levels further.

*Feeling confident and accomplished*

Men reported that participating in walking football left them feeling more confident in their appearance and ability. From a deliverer's perspective, men reported achievements beyond playing football.

**P1:** The chap who runs [Programme Lead] says I've come on leaps and bounds and can definitely tell that I've lost weight since I started the program… which makes me feel really good. I feel a little bit of accomplishment, like I've achieved something.

**PL:** Many men have never played football before so for some people it might be that or their weight whereas the other one have been able to stop gambling as a result of the program and that boosts their confidence.

*Transferable skills*

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Participating in walking football led to the development of skills. In particular, leadership skills were identified and in turn meant men were able to take these into work situations.

> **P1:** Walking football has improved my communication and decision making… in my spare time I now feel comfortable being able to do things on my own and make decisions for myself.

> **P5:** People look up to me as one of the better players and I enjoy organising people at set pieces and positions on the pitch.

> **P3:** I now manage a lot of special needs workers and they don't get a lot of coaching on how to deal with people with special needs… but I'd say (the programme) has definitely improved my leadership qualities.

*Distraction*

Walking football was a distraction from current feelings and cleared the minds of any negative thoughts.

> **P4:** Before I come, I don't feel (mentally) great… but I know even if I'm having a bad day it will help me feel better… when I'm playing football, I don't want it to end.

> **PL:** …Something to detach themselves from what goes on in their lives so the concentration required to play football they've got to no opportunity to think about other things and talk about anything else.

*Planning and decision making*

As walking football was played at a slower tempo, the men were afforded time to think about their actions both before and during the game. Translating these processes outside of football participants were able to establish a structure to their week. In addition, dietary choices and preparations prior to the game were also reported.



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**P1:** …it's not all about the running, the walking gives you more time to think… you know when to lay off the ball.

**P5:** Before I play football, I prepare for it the night before, so I'll eat healthier and try to moderate my carbohydrates and water levels.

**P2:** It's like now I'll play my football and then go to the snooker club… then Thursday I'll do my food shopping and get stuff sorted at home, which means on a Friday I can have a chill day. I never really used to have that good routine before I came here.

***Factors facilitating programme engagement***

*Signposting*

Having a strong relationship with a local Community Mental Health Service was key for programme engagement. Men trusted the service and knew it would help them with their mental health

**PL:** …Despite there only being three people who turned up in the first week… walking football soon grew in popularity across the city as more people became aware.

**P5:** It was the crisis team who referred me onto the programme because I had a few battles with depression and they had to get involved because of an attempted [suicide]. They told me about this really good project and it all started from there really.

*Support from care workers and staff*

Care workers also signposted men to the programme and in some cases accompanied men to the sessions. Support was extended from the venues staff, who were singled out for their importance in helping the men settle.

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**P7:** The programme got recommended to me by my support worker, who attended the session with another gentlemen. I am always motivated to play football so I thought I would give it a go.

**P4:** If my care worker didn't come with me initially I probably wouldn't be here… even with them being by my side, the first time I came was really nervous… meeting new people.

**PL:** Being inclusive to all new members and supporting them helped to develop a respect between the leisure centre and members. We had one person who had their benefits taken away but they still let the person come for free for two months whilst they were going through their appeal process to sort it all out. As a result of the faith that they put it in that man; when they sorted everything out in terms of his benefits he came in and paid straight away from its first session back.

*Inquisitive, Learning and Developing new skills*

Most men had never heard of walking football before and were inquisitive to learn how to play a new format of football. Men reported developing their skills and becoming better at playing football; motivating them to maintain the programme. The idea of developing themselves further helped the men to identify latent ability and in one participant they were trained to run sessions and step in for the programme leader.

**P2:** I'm able to learn new skills every week… I never played football before and I just constantly enjoy learning new things.

**P1:** I was like a two-year old when I first started, I had two left feet… now I've come on leaps and bounds… I understand where to position myself on the pitch if we have a two on one to score a goal.

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**P5:** Since I've been here, I have gone on to play for a team called Danby Rovers which is played at a higher level.

**P3:** …yeah so I am being trained up to do my level 1 coaching… I like the possibility of being in control.

*Competition*

Competition was important for men with a sporting background however, for some it became difficult to switch mindsets.

**P1:** I used to play rugby competitively before I snapped my vertebrae, now I just enjoy playing a team game again which we can end up winning… that's one of the main reasons I enjoy coming; to see who wins.

**P5:** I enjoy the competitive edge, but I can't be too competitive here because that's not what everybody comes here for.

*Location and familiarity*

A structured location and time each week help make life easier for participants and was deemed important by delivery staff. Further, the men appreciated the opportunity to play both in and outdoors.

**P4:** I'm really familiar with the staff and I feel really comfortable… commuting [to the session] I understand where I'm going… and that's important for me.

**P3:** Yeah, I timetable the sessions into my routine every week.

**PL:** I think part of the pull of the venue was the fact that it was linked [ a community mental health service] and if we moved venue it would work for some people but it won't work for others.

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**P7:** I really enjoy playing football outside, but I realise this is weather dependant.

## Discussion

Men who presented a range of mental health issues were referred to walking football by a community mental health service. Notwithstanding the physical health benefits of taking part,[83] men reported mental and social health benefits which improved their well-being[84] and positively contributed to their daily lives. Moreover, the reports of men provided important implementation considerations for future delivery of the programme.

In facilitating these outcomes, attendees felt that walking football was inclusive and could accommodate different abilities and fitness levels and men felt they were capable of taking part. Participants enjoyed and expressed a desire to play football and this contributed to engagement.[85] Football is typically a team game, and an important factor facilitating both adoption and maintenance were the social benefits of taking part. Talking to likeminded men about their mental health issues, developing friendships and ties,[86] enhanced relationships[87] were all important outcomes. Further, it created a perceived responsibility in attendees not to let other participants down by not turning up. This was linked to reports on the positive impacts on men's mental wellbeing and similar to outcomes found for full versions of football delivered by football club community trusts.[88] Given that some men do not engage in healthcare systems[89] and that others do not discuss their mental health with family members[90] or have support networks,[91] regular opportunities for men to have contact with like-minded men become precious[92] as men in this study talked to other men about their situations.

Participation in PA has been shown to provide benefits to mental and social health[93] as well as recovery from mental health conditions.[94] In this study, men reported benefits linked to participation in PA through walking football, including distraction from the rigors of daily



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life,[95] achievements in playing the game,[96] developing new and refining skills such as communication,[97] or decision making or executing a football skills.[98] In some cases, men had also been trained up as football coaches and led the sessions in the programme or organised extra sessions for fellow attendees. Men also reported experiencing accomplishment, feeling more confident[99] and experiencing greater positivity.[100] However men's views of , the role of competition in the game was mixed, while it appealed to some men[101] for others it was less important.[102] In some cases, it was off putting as some individual's competitive nature took over.[103] Fellow studies [104] have suggested that walking football offers a 'therapeutic' environment with more 'explicit talk about fair play' and inclusivity of less able participants. These were features that emerged from the discussions with participants in this study and programme leads must consider how to balance these needs with those men requiring greater competition. This might include managing participant's expectations and developing complimentary provision.

A number of men reported that before attending, they lacked focus and had 'little going on in their lives', but that engagement in the programme provided some with a 'renewed purpose', and structure to their daily lives.[105] When men took on formal (coaching) or informal leadership roles in the group they also reported feeling positive about their new responsibilities such as volunteering. This was enhanced when the programme lead reflected encouraging comments on and toward men regarding progress and improvements wellbeing. Indeed, programme staff have been identified as important conduits in men's health improvement programmes.[106]

The programme venue was an important facilitator for men's engagement. The leisure centre that hosted the intervention was familiar, accessible and eased initial anxiety amongst attendees when they first participated. To help with the initial uptake of PA a relationship needs to be developed between the individual and the service so trust can be formed.[107] A flexible approach where men start at any time and be accompanied with care workers also facilitated





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engagement.[108] Further, committed staff[109] with the right mix of skills, who understand participant needs and could offer words of encouragement were valued by men, as seen elsewhere.[110] A combination of staffing skills/qualities[111] alongside local, familiar and stable environments[112] and appealing programme content it was important there was a supportive environment and was integral for meeting the key needs of men with mental health issues.

This study has several strengths and limitations. Limitations include the small sample made up of white British men aged 25-44 years. However, strengths relate to engaging the majority of participants attending this programme in this research. Further, the adoption of a peer-review methodology[113] as well as the building up of relationships with participants, which combined to secure insightful accounts from participants on the experiences of men including the benefits they encountered. The study provides helpful design considerations for those planning similar interventions with this group as recommended in the literature.[114]

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## Conclusion

Sport and PA offers a social space to work with those who suffer and connect people to socially supportive networks.[115] Notwithstanding the physical health benefits from talking in part in a weekly a walking football programme, men referred by a community mental health service reported benefits mental and social health benefits that positively impacted on their wellbeing and their lives. Men enjoyed playing football and an adapted version of the game facilitated inclusion. The local venue, supportive delivery staff, and a signposting from mental health services are also important delivery considerations for those planning similar interventions.

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