

“Getting together to play football”

A participatory action research study with the
Positive Mental Attitude Sports Academy

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“There’s really no such thing as the ‘voiceless’. There are only the deliberately silenced, or the preferably unheard”.
Arundhati Roy

“Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does. It speaks to youth in a language they understand. Sport can create hope where once there was only despair”.
Nelson Mandela

Abstract

People with experience of mental distress have been identified as being less likely to participate in sport, in comparison to people in other groups characterised by an ongoing health or disability issue. Meanwhile, discourses about the positive effects of engaging in sport and physical activity dominate sport and health policy.

Furthermore, there have been calls for alternative approaches to conventional mental health treatment, such as sport and physical activity, to be researched.

Understanding how such participation might be best organised, to maximise engagement and the associated benefits, is currently poorly understood.

This thesis is concerned with a collaborative study with the Positive Mental Attitude (PMA) Sports Academy, a community project that utilised football as a therapeutic tool to enable people with experience of mental distress to participate and achieve positive change. The study addressed the question: What is the nature and value of participation in the PMA Sports Academy from the perspectives of those that take part? A participatory action research methodology was utilised. The methods of data collection were collaborative and culturally in tune with participants' lives and values. Three World Café events involving 23 participants, and walking interviews involving nine participants, took place around the places and spaces associated with taking part in the PMA. Participants contributed to the data analysis.

The main findings related to the complex nature and value of participation; the dark-side of participation; the importance of place and space; and the transformational potential of participation. The study extends understanding about how community projects might organise participation in sport for people with experience of mental distress, to maximise the benefits derived. This needs to include an appreciation of the need to manage tensions around inclusion and competition. The thesis also

highlights the importance of researching with community projects to explore the experiences of marginalised groups.

Acknowledgements

The single author nature of this thesis does not accurately reflect the collaborative research study that it represents. It is impossible to distinguish everyone, but I hope that if you were involved in any way you will be able to locate yourself here. Thank you to:

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Preface

Preparing this thesis has involved me making several decisions relating to clarity, confidentiality, anonymity, and presentation of written and spoken text.

Confidentiality and anonymity

I have used pseudonyms for all the participants quoted and discussed in the research café (strand one) and walking interviews (strands two and three) of the research study. Although some Research Steering Group members were happy to be identified by name, I took the decision to also anonymise their contributions within the thesis. Preserving confidentiality has required the amendment or redacting of names and other identifying information. It is acknowledged that naming the organisation to which this study relates could increase the likelihood of some participants being identifiable and we discussed this issue at length within the Research Steering Group. However, there was a unanimous agreement that the Positive Mental Attitude (PMA) Sports Academy should be named within my thesis and in any related publications, to promote the work of the organisation and align with other pieces of work that they had been involved with (such as conference presentations and the 2013 BBC3 documentary "*Football, Madness and Me*"). Furthermore, the matter was discussed with the PMA board and they confirmed in writing that they were agreeable to the organisation being named (Appendix A). All photographs are used with the express permission of study participants. No photographs that include images of people who could be identified have been included.

Language and terminology

Within this thesis I have chosen to use the phrase "*people with experience of mental distress*" rather than the descriptive terms psychiatric disorder, mental illness, or mental health problem. This is because of the association the latter terms have with

a biomedical understanding, whilst this study seeks to position those with experience of mental distress as equal citizens. Also, the term people with experience of mental distress is intended to be inclusive of all experiences, whether formally diagnosed or not, whether in receipt of secondary mental health services or not, and whether perceived as a current episode of distress or not.

I have chosen not to qualify the severity of mental distress within this thesis and only refer to this within the context of research papers that have done so. This is because of my researcher position, and the potential for categorisation to further exclude and marginalise people with experience of mental distress. Furthermore, mental distress is a dynamic and fluctuating state, and therefore qualifying it at a fixed time point is felt to be of limited value.

I employ the term *players* rather than patients or service users to refer to the people with experience of mental distress who took part in the PMA. This is the terminology preferred by members of the Research Steering Group and is also the terminology deliberately employed by the PMA, to assist people in (re)constructing alternative life roles and removing conventional health service divisions between staff and patients. The PMA felt that such a term positions people as equal and active citizens, rather than passive recipients of care. The exceptions to this are where players have chosen to use different terms within their own comments and I have presented their words verbatim, and where I have employed terms to specifically reflect their participation in specific strand of data collection (for example, research café attendee and walking interviewee).

Quotations

Participants' words are presented verbatim, with the exceptions of when it compromised anonymity or confidentiality. Such quotations are accompanied by line

numbers, enabling each quotation to be located within its original corresponding transcript if necessary. Some lines contain only one or two words because the quote began mid line. However, please note that these line numbers are those applied to the original transcribed Word documents, whilst the software analysis (MAXQDA) I used then applied a different segment numbering system to each transcript on transfer.

Change in registration

Due to a change in the employment of one of my supervisors the registration for the PhD study this thesis relates to was transferred from Brunel University to the University of Essex in October 2013. Therefore, this thesis contains references and documentation relating to Brunel University research ethics approval, which reflects the approvals necessary for the initial stages of data collection.

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Part A: Planning:

Introduction to the study

Chapter 1: Introduction

1.0 Introduction

This chapter gives the background to my collaborative research study with the Positive Mental Attitude (PMA) Sports Academy, a community football initiative for people with experience of mental distress. The study examined the nature and value of participation in the PMA Sports Academy from the perspectives of those that took part. The chapter begins by defining key terms within the thesis and discussing the contested nature of mental distress. The chapter then introduces the PMA as an organisation and me as the PhD researcher. The chapter concludes with an overview of the study and the thesis structure.

1.1 Background to the study

In the UK we sit at a unique juncture in the sport and health sectors, as both push for increased participation in sport and physical activity, particularly amongst marginalised groups such as people with experience of mental distress. Mental distress is a growing health concern, which unites countries across the political spectrum (World Health Organisation 2013). Predominantly mental distress is conceptualised and discussed within a biomedical frame. Indeed, a 2013 index of 301 diseases found it to be one of the main causes of the overall disease burden worldwide (Global Burden of Disease Study 2013 Collaborators, 2015) and that the most common psychiatric diagnosis worldwide is depression, followed by anxiety, schizophrenia, and bipolar disorder (Mental Health Foundation 2016). In the UK it is estimated that one in six adults experience a common mental health problem, such

as depression or anxiety every week, and that one in five adults have considered ending their own life (Mental Health Foundation 2016).

In the UK, services for people experiencing mental distress are generally organised in two layers, which are termed primary and secondary. Accessing primary mental health services is done via a person's GP, who may provide support or treatment themselves or refer on to a general practice mental health worker. Treatment and interventions might involve medication, counselling, and/or some form of online mental health support. In these scenarios the GP will still retain ultimate responsibility for the person. If a person's mental distress is too complex or acute for the GP to manage, they may be referred on to secondary mental health services. This will involve a specialist mental health professional (such as a psychiatrist or psychologist) taking responsibility for their care. Treatment and interventions might involve medication, an inpatient admission, specialist counselling and/or intensive support at home.

People with experience of mental distress are often marginalised from everyday community life. Margins are conceptualised as dynamic positions or spaces that social groups occupy based on difference. A margin might be a personal experience, a physical space, or a social space, on the edge of a dominant or mainstream grouping (Duncan & Creek 2014). For example, people with experience of mental distress have been identified as being less likely to participate in sport in comparison to people in other groups characterised by an ongoing health or disability issue (English Federation of Disability Sport 2013) and can therefore be considered to be on the margins not just in terms of mainstream participation, but also in terms of specialist disability sport groupings..

Football is a mass participation sport and has been described, in the context of the UK, as the national game engaging one in five adults in England (Friedrich & Mason 2017b). Within the UK health sector there has been significant interest in the therapeutic potential of football over recent years. Indeed, research has previously explored its unifying potential (Bunde-Birouste et al 2010; Rookwood & Palmer 2011); examined the wealth of benefits it can bring about when provided as an adjunct intervention to conventional mental health service provision (Friedrich & Mason 2017b); and highlighted its ability to engage marginalised groups (Magee & Jeanes 2013; Gray et al. 2018) and build resilience in young people in order to prevent the onset of mental distress (McGale et al. 2011). Of note is that such football interventions and projects appear to predominantly attract men. Available evidence demonstrates men's help-seeking for mental distress lags far behind women's, with them generally having negative attitudes towards seeking help and being more likely to terminate therapy (Berger et al. 2013; Doherty & Doherty 2010; Friedrich & Mason 2017b; Nam et al. 2010; Spandler et al. 2014a; Spandler et al. 2014b; Mckeown et al. 2015). Furthermore, research evidence suggests that suicide is second only to accidental death as a leading cause of mortality for young men across the world (Pitman et al. 2012). So potentially football as a therapeutic intervention is particularly relevant for men and young men experiencing mental distress.

In terms of the organisation this study was undertaken with, I was introduced to the PMA Sports Academy by a colleague, as the organisation wished to recruit a researcher who would work with them to generate knowledge about the nature and value of their work. I had the relevant research and clinical experience and wished to extend my research training by completing a PhD, so a collaborative research study was initiated. From my perspective as an occupational therapist, it was the PMA's fundamental focus on utilising an occupation (football) as its therapeutic

means and ends that attracted me to completing the research study with them, along with an interest in extending and exploring practice beyond conventional contexts and ways of working. Occupational therapy is a health profession centrally concerned with the transactional relationship between what we do and our health and well-being. In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families, and with communities, to occupy time and bring meaning and purpose to life (World Federation of Occupational Therapists 2017). Therefore, utilising and enabling access to sporting occupations for therapeutic means and ends and identifying the mechanisms by which the various benefits occur is a legitimate concern for occupational therapists.

Although conventionally employed within statutory health and social care settings, there have been calls for the occupational therapy profession to move beyond a focus on addressing individual performance deficits and promoting independence, to consider the broader social changes that are required to create an occupationally just world (Hammell 2015; World Federation of Occupational Therapists 2006), and to extend their scope of practice to sports contexts (Molineux 2012; Mynard et al. 2009). Furthermore, the profession has been referred to as an exemplar within contemporary sport workforce strategy, in terms of an initiative that involves occupational therapists working within leisure centres to make them more accessible and inclusive to marginalised groups (Sport England 2018). Such strategic thinking aligns with shifts within the sports sector towards more inclusive sport provision and coaching practices (Department for Culture Media and Sport 2015; Sport England 2016a; Sport England 2016b), and sits alongside public health agendas concerned with our population being more active (Public Health England 2016; Varney et al. 2014).

However, what appears absent from these calls and agendas is the meaningful involvement of people with experience of mental distress to ensure their diverse experiences are truly represented and that they meaningfully shape and inform any subsequent action and practice. Indeed, there appears to be a tendency for current policy and strategy to refer only to 'disabled people' when detailing the specific needs of people with an enormous range of situations and experiences. Discussing and considering people as such a homogenous group does not account for people with experience of mental distress who do not identify with such a label (Beresford & Nettle 2010; Beresford et al. 2016). It also perpetuates the segregated provision of disability sports as frequently being the only opportunity available to people with health needs who wish to participate in sport, and maintains a focus on classifying and cataloguing individuals' deficits and dysfunctions, rather than acknowledging their capabilities, strengths, and resources (Hammell 2015).

1.2 The contested nature of mental distress

There is much disagreement about what is meant by the terms "*mental distress*" and "*mental health*", with varying conceptualisations, explanations, ideas about aetiology, and suggested treatments and interventions (McCabe et al. 2018). There are various theories about the causes of mental distress, and these differ across and to some extent within, the range of disciplines that are involved in the field of mental health. However, many draw from a biomedical understanding and therefore employ terms such as mental illness and mental health disorder. In comparison terms such as mental health problems, mental distress, and emotional distress draw from a critical social science approach, and align more with the user/survivor centred literature (Coppock & Dunn 2009). As detailed within the preface to this thesis, the term mental distress has been predominantly employed within this thesis and is intended to be inclusive of all experiences, whether formally diagnosed or not,

whether in receipt of secondary mental health services or not, and whether perceived as a current episode of distress or not. The term focuses on the experience of mental distress itself, rather than using the concept of a problem as a label, or an illness that requires treatment (Mental Health Foundation 2018).

This study is centrally concerned with participation in the team sport of football by people with experience of mental distress, for therapeutic means and ends. Within this thesis *participation* is defined as:

“...involvement in life situations through activity within a social context” (Creek 2010 p180).

Furthermore, the Council of Europe’s European Sports Charter definition of sport is used:

“Sport means all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels” (Council of Europe 2001).

This definition has also been adopted by Sport England and includes both individual and team sports, that have an element of competition and skill.

Physical activity (as distinct from exercise) is utilised as a more inclusive and broader term within this thesis, encompassing sport and leisure activities and activities that arise as part of everyday life, for example mowing the lawn, cycling to work, and hanging up the washing. The definition of physical activity that has been adopted by the World Health Organisation (2018) is used within this thesis, which is:

“...any bodily movement produced by skeletal muscles that results in energy expenditure” (Caspersen et al. 1985, p126).

The inclusion of everyday activities within the definition of physical activity is significant because it means people who would not typically choose to participate in strenuous exercise can still derive benefits from physical activity, which have

previously only been associated with vigorous activity (Cole 2010; Cole 2014; Department of Health 2011c). In comparison, exercise is defined as a subset of physical activity and is regarded as being planned, structured, and repetitive, with a final or an intermediate objective of the improvement or maintenance of physical fitness (Caspersen et al. 1985).

Within the sports sector, the notion of people with and without a disability participating in sport together has recently given rise to the term *inclusive sport*. Inclusive sport can be defined as disabled people participating and competing in sport with non-disabled people. This may at times involve some adjustments and rule modifications, for example in inclusive zone basketball different zones are created for wheelchair users and non-disabled players. Furthermore, sports such as boccia can be played by all from a seated position. Inclusive sport exists in contrast to disability sport, which involves only disabled people participating and competing against each other. Disability sport does not always involve participants being on a pathway to compete at a high-performance level, but it does overlap with para-sport, which is high-performance disability sport. For many the pinnacle of para-sport is the Paralympic games (Bullock 2018).

The notion of inclusive sport is intended to broaden choice and opportunity in relation to participation in sport, rather than replace disability sport. Inclusive sport is felt to have specific value in addressing inequalities and marginalisation in participation in sport. It also allows for the typically collective nature of participation in sport, when people with a disability may wish to participate with family and friends but may encounter difficulties doing so due to the funding arrangements behind disability specific sports initiatives (Henderson et al. 2014).

Having defined key terms, this chapter will now introduce the PMA as an organisation, me as the PhD researcher, and the collaborative nature of this study.

1.3 The PMA Sports Academy

The PMA Sports Academy began life in 2002. It was the brainchild of Janette Hynes, an occupational therapist and ex-professional footballer. Janette was working as an NHS occupational therapist when she became frustrated that there was not a service that provided a bridge between inpatient and community life for those experiencing mental distress. Consequently, she set about creating such a service, which was constructed around the idea of mental health service users being players within competing community-based football teams. These community teams then ultimately formed the PMA league. Initially the service operated as part of an NHS Trust and from an existing NHS community mental health team base. Although it made use of nearby mainstream sporting facilities, such as a League One football club's training pitches.

In 2008, as a direct result of her work establishing the PMA, Janette became a Member of the Most Excellent Order of the British Empire (MBE), for her contribution to disability sport. In 2009 the PMA received three years match funding from the Football Foundation and an NHS Trust. This enabled it to become a community interest company, which operated independently from the NHS. During this period, the PMA employed three staff members in addition to Janette. It also established its own offices in the newly constructed Hackney Marshes Centre in East London, thereby strengthening its association with the renowned Sunday league and football training ground.

When the three-year match funding ended in early 2012, the PMA changed its status to a registered charity. This decision was an attempt to establish a more secure and sustainable financial future for the PMA, with its work and decision-making overseen by three trustees. In this period income was mainly derived from fundraising activities and players being in receipt of personal budgets. However, such funding was frequently delayed in terms of actual payment to the PMA, and eventually in 2014 Janette became the only paid staff member due to ongoing administrative and financial difficulties.

For most of the duration of the research study (2010-2014) the PMA Sports Academy operated two projects: One in Hackney, East London and one in Wakefield, Yorkshire. During this period, the PMA had approximately 70 active players, with two teams (Pumas and Panthers) in Wakefield and four (Hackney, Haringey, Newham, and Islington) in London. The teams were formed from the borough or geographical area that the players resided in. PMA players were adults who identified themselves as having experience of mental distress. However, this criterion was latterly broadened to include self-referrals from people identifying themselves as being in crisis for the organisation to be as inclusive and accessible as possible. In addition, the Wakefield academy secured funding to also work with an adolescent population identified as Not in Education, Employment, or Training (i.e. NEET). There is no universally accepted definition of NEET, but it is generally understood to include people aged 16-24 years old, who are not currently accessing education or any other form of training, or employment (Yates & Payne 2006). Typically, PMA players were working age men under 50-years-old, although there was no age or gender restriction. Those that took part in the PMA frequently reported that it had an organisational culture that was distinctly different from traditional statutory mental health services, for example, that there was very little distinction between staff and players, and an emphasis on activity and participation

rather than health “*problems*”. Players were supported and encouraged to pursue various occupational opportunities in connection with the PMA and could take an active role in the day-to-day running of the organisation (for example, through leading training sessions and become a coach or team manager). In this sense, the organisation could be seen to draw on principles aligned with co-production, such as equality and reciprocity (Ewert & Evers 2012). However, the work of the PMA was much broader than simply facilitating football sessions and it had its own philosophy grounded in the principles of equality, justice, collective participation, respect, and peer support (Hynes 2008; Hynes 2010).

The founding intention of the PMA was to utilise participation in sport, primarily football, as a therapeutic experience that enabled positive change and community engagement. Players joined a team and participated in training sessions and competitive matches throughout the football season¹. Additionally, players’ participation in football was modified and adapted for its potential to enable players to address difficulties in their everyday lives. For example, building social confidence through using public transport to travel to training sessions; developing communication skills through pitch interactions; and developing social bonds through relationships with team mates (Hynes 2010). In this sense, the PMA could be understood as an organisation that sought to contribute to creating an occupationally just society, which has been defined as fair resources and opportunities:

“to do, be, belong and become what people have the potential to be and the absence of avoidable harm” (Wilcock & Hocking 2015, p414).

¹ The length and time of year of a football season varies around the world, but typically the season comprises a single period within the year in which league competition is contested alongside any cup competitions. The typical English football season occurs August through to May.

The relevance of occupational justice is the work of the PMA will be expanded upon in Chapter two.

The organisational culture and philosophy of the PMA was felt to align very well with the participatory nature of this research study, particularly given that the original impetus for the research arose from the organisation itself. Anecdotally the temporal nature of the football season and the study's plan, action, review cycles appeared helpful for both players' participation and as a framework for the research study. It was this commitment to collaboration and equality that set the scene for the study's participatory methodology, which will be detailed more fully in Chapter three.

In late 2014, due to a lack of sustainable financial support and prolonged uncertainty about the future of the London PMA project, a core group of players chose to leave in preference for establishing their own community football team. Very shortly afterwards the London PMA project closed in terms of existing as a formal charitable organisation, although activity continued in Wakefield. In 2018 the small core group of players continued to meet on a regular basis to socialise and play scratch football on the same community pitches utilised by the PMA and compete in a national mental health football league. However, other players have struggled to access alternative sporting occupations.

This concludes the introduction of the PMA as an organisation, I now introduce myself as the PhD researcher.

1.4 Situating the researcher

Whilst completing the final year of my undergraduate occupational therapy degree I worked part-time as an occupational therapy assistant at a nearby inpatient mental

health unit. The role involved me and several other members of occupational therapy staff providing a supportive environment away from the ward where people had the opportunity to engage in various activities. We were based in a large room downstairs, whilst the wards were situated upstairs. The room was furnished with several armchairs, a pool table, a football table, various materials for craft activities, and a large table with chairs around it. We worked evenings and weekends for people who were restricted to the hospital environment to have the opportunity to leave the ward and spend some relatively informal time participating in the activities we were able to offer. This was my first experience of an inpatient mental health unit and I was very quickly struck by the many ways in which people chose to engage with the various activities provided. For some it was an opportunity to socialise, for others they wished to just sit quietly completing an individual activity. This was my first experience of sitting alongside people who were in a hospital environment and using activities to influence their own health, as my two previous student placements had been much more focused on the perceived performance deficits associated with conditions and the provision of adaptive equipment and resources to overcome them. On reflection it was this opportunity for me to spend considerable amounts of time learning first-hand how people choose to manage their experience of mental distress by engaging in various activities that inspired me to try and ensure my subsequent practice as an occupational therapist was always centrally concerned with the transactional relationship between what people do and their health. This learning was perhaps in part also the culmination of a busy and active childhood and family experience of mental distress.

Following this experience as a student, my first role as a qualified occupational therapist involved me working on a specialist national inpatient unit for adults diagnosed with, or in the process of being diagnosed with, autism. Due to the national nature of the unit we were well resourced with a full multi-disciplinary team

and I found myself challenged with thinking a great deal about what my specific contribution as an occupational therapist was within that context. This further consolidated my passion for ensuring that my practice always remained focused on people's occupational needs in settings that often pushed for generic work, as my career evolved into me working in community mental health services. It was while working in a community mental health team that I undertook an MSc in occupational therapy, which offered the opportunity to unpick some of my practice and explore the value of theory in understanding and supporting my work as an occupational therapist. I enjoyed the experience of undertaking my own research study and saw the potential to explore in-depth some of the issues that persisted in the everyday lives of people with experience of mental distress that I worked with, such as isolation and increasingly limited (due to the closure of day service provision) occupational opportunities available to them.

As I completed my MSc studies, I made the decision to move into a research governance role with our professional body, the Royal College of Occupational Therapists, and shortly afterwards the idea of completing a PhD with the PMA came about via the introduction of a colleague. I was particularly attracted by the PMA being an organisation centrally concerned with an occupation (football) and engaging people with experience of mental distress, although the emphasis was not on "*activity prescription*", but rather providing an occupational opportunity that individuals were able to engage with for their own therapeutic means and ends. Trying to understand the transactional relationship between what we do and our health and well-being consistently fuels my curiosity and practice.

1.5 The collaborative nature of the study

As outlined above, the PMA was established as an organisation that sought to minimise the distinction between staff and players and provide those who chose to take part with an experience of belonging and ownership, through opportunities such as becoming a team coach or captain and completing coaching qualifications. It was this participatory context that prompted early and informal collective discussions about the research study potentially taking place, which involved both PMA staff members and players. Over time a core group of people who took part in the PMA and who were interested in contributing to the research study gradually identified themselves, and therefore at this time we decided to become and meet as a defined Research Steering Group. The membership, practicalities, purpose and activities of the Research Steering Group are detailed in Chapter three.

The process of undertaking a participatory research study with people with experience of mental distress has presented two key challenges that feature throughout this thesis. Firstly, there has been the challenge of distinguishing the collective and collaborative work of the Research Steering Group from my individual role as the researcher and PhD student. There has been a particular tension here in terms of the role of the participatory action research partners (as the PMA and the Research Steering Group members were) in the work of knowledge production (Bradbury-Huang 2010) and the need for me to fulfil requirements and timescales associated with being a PhD student. Throughout I have sought to be transparent about this and indeed the associated matter of distinguishing between the collective nature of the study and my individual PhD study and thesis. Such issues have been discussed within the literature (Beresford 2017; Klocker 2012) and for transparency within this thesis I have used the pronoun 'we' to denote the collective, collaborative and shared aspects of the research study and 'I' to describe my agency as the thesis author.

Issues of entanglement and disentanglement are also relevant to the expectation that a PhD thesis is presented within a clear linear fashion. Participatory action research (PAR) is a collaborative methodology that involves researching *with* people connected with the research topic, rather than conducting research *on* them. PAR therefore consists of collaborative and messy cycles of work, which also occur within one another, and therefore such an expectation presented a real challenge when it came to formulating this thesis. I grappled with how best to present elements of the study that inter-linked, spiralled and occurred concurrently. There were a range of options when it came to decide how to structure the thesis, each with its own strengths and weaknesses. Ultimately, I decided on a three-part structure that would also broadly represent the Kurt Lewin's action research cycle (1946) of planning, action, and reflection. The planning stage represents the initial gathering of information and data in order to refine and establish the problem or issue, and therefore the focus of the research. The action stage involves carrying out actions to overcome and better understand the identified problem or issue. The reflection stage involves analysing the data and actions to evaluate their success, with the potential for the planning stage to then recommence, and the cycle to continue.

Secondly, there was the everyday reality of Research Steering Group members experiencing mental distress, with issues such as fatigue, reduced concentration, memory impairment, and paranoia at times presenting challenges. For example, when completing activities associated with the research for an extended period and having to recall and retain information over a period of several weeks. Details of the membership, practices and meetings of the Research Steering Group are provided in Chapter three. Reflections on the practices, benefits and challenges associated with conducting PAR with people with experience of mental distress are provided in Chapter eight.

1.6 Overview of the study design

The study employed PAR, a democratic methodology that was reflective of the study being initiated by the organisation itself, rather than me as the researcher, as is more typically the case. Indeed, this has been identified in the literature as a particular challenge for PhD students seeking to utilise PAR (Klocker 2012). Sustaining the study's participatory ethos was an ongoing challenge, as myself and the other people involved grappled with what it meant, whilst the PMA itself also went through significant amounts of change. Indeed, this collective and participatory study involved a lot of tensions, compromises, and negotiation. For example, at times it felt unethical to prioritise a focus on the research study when we met, as participants were grappling with concerns about the sustainability of the organisation during times of financial difficulty.

Alongside its PAR approach, this study also employed discourse analysis as a distinct approach to the study of social life, through the analysis of language in its widest sense. Discourse analysis attends to the power relations that render some voices marginal or seldom heard. A discourse can be defined as:

“a particular way of talking about and understanding the world (or an aspect of the world)” (Jørgensen & Phillips 2002, p1).

There are many different forms and approaches to discourse analysis, but the one employed in this study was informed by the work of Foucault. It will be outlined in greater detail in Chapters three, six and seven.

The study also deliberately positioned people with experience of mental distress as *seldom heard* rather than *hard to reach*, to move the emphasis from a perceived innate characteristic on to us as researchers, to carefully consider how we meaningfully involve such marginalised groups throughout the research process.

Research practices and methods should be inclusive enough to involve all members of society. Indeed, it is integral to generating inclusive and culturally relevant research evidence, which in turn informs equitable, effective, and suitable health interventions and services (Bryant et al. 2012; Redwood et al. 2012). The inclusive ethos of the study enabled people who took part in the PMA to be integral to the entire research process, within their involvement interwoven as Research Steering Group members, World Café attendees, and walking interviewees. Involvement in all stages of the research process was the intention, but it was acknowledged that research involves laborious and time-consuming tasks, and therefore involvement was always negotiated rather than expected. It is a strength that the study evolved to be longitudinal and was therefore inclusive of exploring people's participation after the PMA had ceased to operate as a formal charitable project in London.

The study comprised three main strands, which are depicted in Figure 1.1 below. They are also mapped against the planning, action, and reflection cycle associated with action research (Lewin 1946) and detailed earlier in section 1.5.

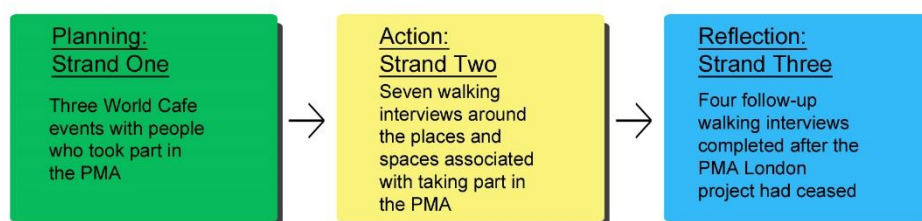


Fig. 1.1 The three PMA research study strands

In strand one, the Research Steering Group formed and determined the focus of the study, as well as then designing the first exploratory strand. The first strand explored the nature and value of participating in the PMA using the World Café method (Brown & Isaacs 2005; Brown & Isaacs 2010) across three events, two in London and one in Wakefield, Yorkshire. World Café is a recognised way of structuring and recording conversations, with each table considering a question and attendees rotating around each table to consider the questions and record their thoughts and conversations on the paper tablecloths. The analysis of the tablecloth data from the three World Café events led to the collaborative identification of four themes, which in turn informed a process of developing an analysis framework, which was used for the analysis of the data from the second and third strands.

Strands two and three involved mobile walking interviews, to explore in-depth the nature and value of participating in the PMA from the perspectives of those that took part. Significantly the third strand of data collection took place after the PMA London project had ceased to be a formal charitable project, thus providing the valuable opportunity to explore people's participation in the football activity after such a transition had taken place.

1.7 How the thesis is set out

Figure 1.2 summarises the structure of the thesis, which is divided into three parts and has 10 chapters. Reference is again made to the planning, action, and reflection cycle associated with action research (Lewin 1946a) in relation to the broader thesis structure, demonstrating how such cycles occur within other cycles, rather than being neatly linear.

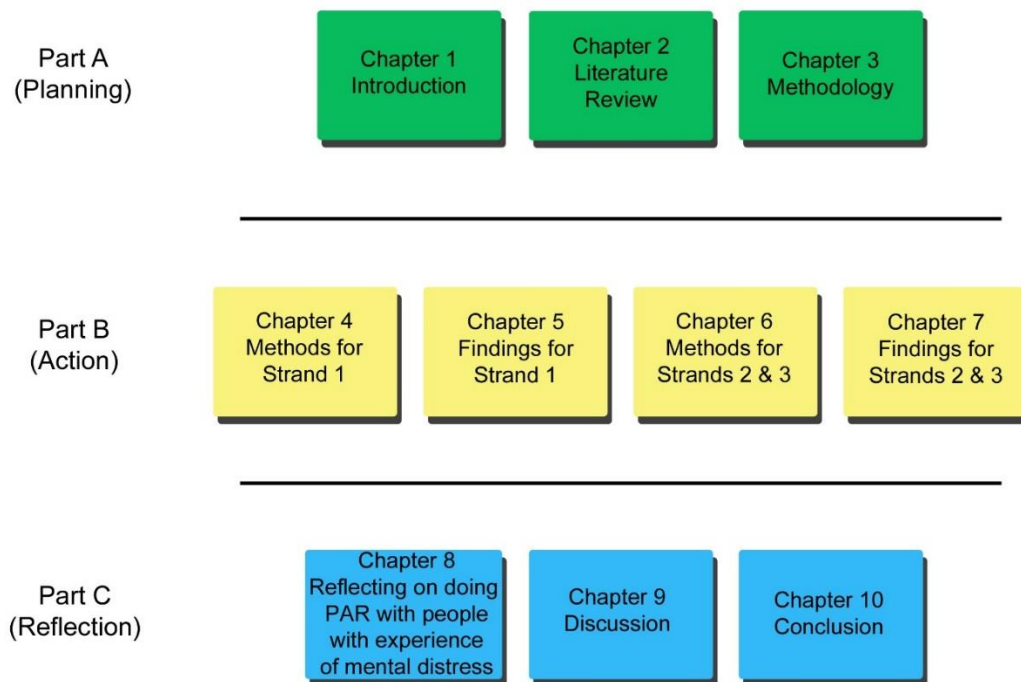


Fig. 1.2 Thesis structure

Part A of the thesis details the context in which the study took place and the early decision-making in relation to methodology and design. Chapter one has detailed the context in which the collaborative research study took place. It introduced the PMA as an organisation; me as the PhD researcher; and the collaborative nature of the study. Chapter two examines the existing knowledge-base relating to the study. Firstly, the cross-disciplinary literature on participation in sport by people with experience of mental distress is presented, along with references to relevant policies and strategy documents. Following this a critical appraisal of the small body of literature relating specifically to football participation and people with experience of mental distress is presented. Chapter three details the ontological, epistemological, and methodological assumptions that underpin the research processes of the study and provides an overview of the study's design.

Part B of the thesis presents the methods and findings for all three strands of the study. The methods and findings of strands one, two and three, are presented in the order in which they took place, to accurately reflect how the methods and findings of the first strand subsequently informed the methods of the second and third strands. Chapter four details the methods for strand one, in terms of the three Research Café events. Chapter five presents the findings from strand one and the development of an analysis framework, which was in part informed by the findings from strand one. Chapter six details the methods for strands two and three, relating to the 11 walking interviews that were undertaken. Chapter seven details the findings from strands two and three.

Part C of the thesis discusses and synthesises the learning and findings from all three of the study's strands. Chapter eight focuses on what was learnt from conducting participatory research with people with experience of mental distress, in terms of the practices that were involved and the benefits and challenges that were encountered throughout the research process. Chapter nine discusses the findings from strands one, two and three with reference to the existing knowledge-base. It details where this study has provided new knowledge and insights in relation to the diverse experiences of participating in football and experiencing mental distress, and when findings have aligned with and extended the existing knowledge-base. This chapter concludes by critically appraising the strengths and limitations of the study design with reference to quality benchmarks for participatory studies. Finally, Chapter 10 summarises the study's findings and details recommendations for a range of stakeholders.

1.8 Summary and the study's purpose

This chapter has introduced the background motivations and context for the PMA research study. It has detailed the key terms used in the thesis and the contested nature of mental distress. It has also outlined the three strands of the study, and the structure of this thesis.

The purpose of this study was to explore the nature and value (including both social and health benefits) of participation in the PMA from the perspectives of those that took part. It also examined the mediating factors and mechanisms by which such benefits occurred. The next chapter will now focus on exploring what is already known about the mediating factors and mechanisms by which the various benefits of participating in football occur. It will appraise theory, policy, and research relating to people with experience of mental distress participating in sport, specifically therapeutic football projects and interventions. Within this thesis, theory is understood as a formal idea, or set of ideas, that seeks to explain something (Abend 2008).

Chapter 2: Literature review

2.0 Introduction

The purpose of this chapter is to locate the study within the existing body of knowledge. It therefore focuses on exploring what is already known about the mediating factors and mechanisms by which the various benefits of participating in a therapeutic football project occur. The literature review is structured in this way because understanding how participation in sport is best organised to maximise engagement and the associated benefits has been identified as a priority within UK government policy (Department for Culture Media and Sport 2015). The chapter foregrounds the experience of mental distress from first-person published accounts. The chapter then theorises participation in sport; outlines the policy context; and appraises research relating to the therapeutic use of football. A summary of the research evidence, identification of knowledge gaps, and the research question and aims that we collectively formulated for the Positive Mental Attitude (PMA) Sports Academy study conclude the chapter.

2.1 Literature search strategy

This chapter includes literature that has been identified and appraised on an on-going basis since the study commenced in 2010. An initial literature search was undertaken in 2010 using the terms 'football' OR 'soccer' and 'mental health' OR 'mental illness' OR 'mental disorder' OR 'mental distress' OR 'psychiatr*'. The purpose of the review was to identify and critically appraise studies pertaining to the nature and value of participation in a community-based football project for people with experience of mental distress. Full details of the literature search strategy are

provided in Appendix B. After screening abstracts this search identified seven key studies pertaining to the focus of this study.

Literature searching was then undertaken periodically throughout the study, with a final literature search being undertaken in September 2018. Hand searching of reference lists of relevant articles and key authors publishing in the field was undertaken, to identify any studies that may not have been captured in the electronic searching. This final search identified an additional 14 studies and one review paper. Therefore, this review includes 22 key papers that specifically relate to the focus of this study, which are presented in section 2.5. However, in addition to identifying these key 22 papers, the literature search process also identified other literature that was more broadly relevant to this study, including policy and strategy documents. This literature has also been included and appraised in this chapter to provide context.

Due to the type of research studies identified it was not appropriate to complete a meta-analysis, and therefore a critical narrative review is presented. Critical narrative reviews draw together a body of knowledge that may be methodologically diverse (and therefore includes both research and service evaluations), to appraise limitations, problems, and inconsistencies across a body of knowledge (Levy & Ellis 2006). This review contextualises this study within the existing knowledge base relating to the therapeutic use of football for people with experience of mental distress. Specifically, the focus is on papers that explore *active* participation in football for therapeutic means by working age adults (aged 18-65) with experience of mental distress. As relatively few studies were identified, studies were not excluded based on quality criteria. However, I appraised each paper using relevant tools from the Critical Appraisal Skills Programme (Critical Appraisal Skills Programme 2018).

However, inevitably the literature searching also identified other studies and theoretical papers that had relevance to the study's focus, although they did not meet the criteria to be included as a key paper, this criteria is detailed in Appendix B. Furthermore, key policy documents were identified through electronic and hand searching. This literature has also been included and drawn upon within this review.

The broader literature, theoretical concepts, and policies relevant to this study will be detailed and discussed first, with the key 22 studies then being synthesised afterwards, with specific reference to the research literature relating to the therapeutic use of football by and for people with experience of mental distress. However, before detailing the academic context in which this study sits, this chapter will now foreground the experience of mental distress from first-person published accounts

2.2 What is the experience of mental distress?

It is well documented that people with experience of mental distress encounter a range of barriers and challenges when trying to participate in sport (Cole 2010; Cole 2014; Hodgson et al. 2011). Indeed, research has consistently shown that in comparison to the general population and people with other health issues they tend to be one of the most marginalised in terms of regular participation in sport and various forms of organised physical activity (English Federation of Disability Sport 2013; Hagell 2016). Contributing factors have been identified as; difficulties with motivation and self-care; lack of routine; social isolation and lack of support; financial difficulties, and a perceived lack of opportunities to access community resources (Cole 2010; Hodgson et al. 2011). However, complex psychological, social, environmental, and biological factors have also been acknowledged as influencing such participation, and therefore highlight the limitations in assuming a generalised

understanding of the needs of people who experience mental distress (Biddle & Mutrie 2008; Activity Alliance 2018).

This section of the thesis details first-person published accounts of participating in sport and physical activity, in relation to living with mental distress. People report experiences of safety and inclusion, as well as feelings of failure and frustration at physical activity being presented as a 'cure all'. Although participation in sport and physical activity undoubtedly has a profound and positive impact on the lives of some people who have experienced mental distress, the complexity of such participation in terms of barriers and mediating factors has been largely overlooked (Department for Culture Media and Sport 2015). There is a wealth of research studies that show physical activity can protect against poor mental health and/or improve mood, but there is relatively little research evidence that has explored the practical and psychological reasons that might prevent people from starting or continuing with participating in sport and physical activity. This can lead to a dominant idea that constructs participation in sport and physical activity as a universal panacea, even for those who are not able to participate. Anecdotally, some people with experience of mental distress report experiencing this as blaming: *"...as though those who cannot participate are just 'not trying hard enough' to get better."* (Rowan-Olive 2018)

Furthermore, this approach does not account for people for whom being over-active is part of their experience of mental distress, for example someone with an eating disorder or experiencing a manic episode.

What follows is in keeping with the participatory ethos of this study in terms of privileging the seldom heard issues, voices, and discourses of people with experience of mental distress. Various forms of sport and physical activity can be

helpful to people with experience of mental distress. For some it offers a safe and valued space to address some of the difficulties they encounter in everyday life:

"I'm more relaxed about people touching me now than I was, but in the time when I was absolutely frightened of people, I had physical closeness with people through martial arts, and quite intimate physical contact. And yet I couldn't handle it in a social situation. But with the boundaries of sport it was safe... Yeah, there was no ambiguity. The reasons for the physical contact were clear" (Faulkner & Layzell 2000, p79).

For some people with experience of mental distress participation in sport and physical activity provides a sense of 'fitting in', in terms of a motivation for completing the activity was that it enabled them to feel as if they were indistinguishable from other people:

"The role of swimming is that I can jump in a pool and nobody knows me and I am just another swimmer" (Faulkner & Layzell 2000, p79).

However, it is important to note that there are also published accounts that express the downside of physical activity, the sense of failure and guilt that arise from being unable to do something that you know at some level should be good for you and also enable you to obtain certain health benefits:

"Yes, well I try and lead a healthy life, but it doesn't work, I am a miserable failure at it, you know, I am always trying to lose weight, increase my physical activity and everything else, but..." (Faulkner & Layzell 2000, p80).

Such experiences are further depicted in the recently established Exercise Mad Study (Rowan-Olive 2018), a mental health service user led study, which is intended to be a preliminary investigation into the barriers to participating in physical activity that people with experience of mental distress encounter. The study utilises social media platforms to promote discussion and debate and gather perspectives and experiences. Therefore, the study is grounded in lived experience and it intends to generate ideas for potential solutions from those who understand the problems best. This is in the hope that future research in this area from a user / survivor perspective might receive increased funding and attention. Perspectives shared on social media

using the hashtag #ExerciseMadStudy include barriers in connection to the contexts in which sport and physical activity take place. In the case of the quote below, the communal showers:

“Yes, the showers problem is a big one for me. I think gyms and pools should provide cubicle showers and changing rooms as an access requirement and state on their website if they can't provide them”

Furthermore, in contrast to often being constructed in policy and peer-reviewed literature as a benefit of sports participation, the collective and social nature of activities can be problematic for some:

“Yes I can't stand classes. For me exercise needs to be just me, so I'm not comparing myself to anyone else”.

“Anxiety at exercising in public, body image issues due to weight gain from medication like quetiapine – I don't like people seeing me, the gym is often crowded in the evenings, I was tempted by something like a bootcamp but can't afford it”.

Indeed, there are other published accounts that discuss the barriers and struggles with attempting to access so called mainstream physical activity venues, and a wish that there was a space that offered the opportunity to exercise together with other people with mental distress:

“I feel so self-conscious about the way I look now as a result of gaining weight from medication that it's hard to even get to the gym ... If only there was a group of people who had similar things (to join there), that we're all in the same boat ...” (Gould 2016, p22).

In conclusion, this synthesis has highlighted the complexity of participation in sport and physical activity by people with experience of mental distress. Whilst not discounting the many benefits that can be derived, this synthesis does challenge the dominant discourse that promotes it as being universally health enhancing (Department for Culture Media and Sport 2015; Department of Health 2011c; Sport England 2016b) and highlights some of the nuances and intricacies of participation.

2.3 Theorising the benefits of participation in sport

A fuller understanding of the complexity of participation in sport and physical activity by people with experience of mental distress therefore appears timely, and several outstanding questions have been identified in the existing literature. These include whether different kinds of sport are useful for people experiencing different forms of mental distress, and what factors might mediate the relationship between organised physical activity and mental distress, which are still issues that are poorly understood (Hagell 2016). Within the occupational therapy literature, work and volunteering have received the most attention in studies of occupational engagement and mental health recovery to date, with calls for a broader range of occupational experiences, such as participation in sport, personal and social recovery to be further researched (Doroud et al. 2015; Usaite & Cameron 2016). This is in spite of studies having previously identified sport as one of the therapeutic interventions people with experience of mental distress viewed as most beneficial (Di Bona 2004; Lim et al. 2007). This section of the thesis will now explore key theories that may offer new ways of thinking about and understanding the complexity of participation in sport and physical activity as a therapeutic means of managing mental distress.

2.3.1 Occupational justice and sports participation

Adopting a more inclusive approach across the mainstream sport sector and seeking to enable fair access and participation in physical activity for people with experience of mental distress, can be linked to the concept of occupational justice.

Occupational justice is a concept concerned with people having the right to engage in meaningful occupations, in order to meet individual people's needs and develop their potential. The concept asserts that it is unfair to block access to occupation for a particular group of people (Durocher et al. 2014). Occupational justice theorists

propose that each person has a unique set of occupational capacities, needs, and routines within the context of their environment and that these individuals have the right to exercise those capacities to promote and sustain their health and quality of life (Stadnyk et al. 2010). Restrictions to participation in occupation are a matter of injustice (Townsend & Marval 2013). However, occupational justice has also been criticised for lacking consistency in terms of how it is defined and discussed within the literature and that this incongruence has restricted its conceptual development, understanding and acceptance by the broader community of healthcare providers and policymakers (Durocher et al. 2014). In turn a 'justice' emphasis on redistribution, sameness, and individual rights has been considered limited in occupational terms, and instead a notion of people as either individuals or as members of a community having various occupational strengths, needs, and potential that require different forms of opportunity to flourish has been suggested (Stadnyk et al. 2010).

Due to the contextual nature of both occupation and justice the concept of occupational justice is difficult to define, and instead a *Framework of Occupational Justice* has been developed (Stadnyk et al. 2010). However, occupational justice theorists assert that everyone has the right to exercise their capabilities to participate in occupations, in order to develop and sustain their health, meet their occupational potential and experience well-being (Stadnyk et al. 2010). As such occupational justice is a utopian aspiration for society, which seeks to address the imbalance of some individuals leading unhealthy, empty, marginalised or even risky lives, whilst others have the opportunity to thrive in what they do. Although an occupationally just world might be envisaged as one in which all people are able to engage in occupations that they find meaningful and enable them to flourish, it quickly becomes apparent that such a vision could be problematic if people chose, for example, to engage in occupations that were criminal or harmful to others. Indeed, it is

questionable that achieving justice at an individual level translates into achieving justice at a community or societal level. The tension between individual agency and collective action has been explored in the literature (Ramugondo & Kronenberg 2015), but before a more in-depth exploration of occupational justice is undertaken it is necessary to initially define and explore the original concept of justice, in order to establish why an extension of the concept is necessary in terms of specifically exploring and addressing occupational injustices.

Justice is an ethical and moral concept that has evolved over time to incorporate principles such as equality, fairness, rights, responsibilities and liberties.

Additionally, different branches of justice have been developed, such as social justice, procedural justice and restorative justice. A type of justice that appears particularly aligned with occupational justice is distributive justice, which is primarily concerned with the equal distribution of resources in society, and as such could be seen to incorporate the fair distribution of occupational resources and opportunities (Stadnyk et al. 2010). Stadnyk et al. (2010) have sought to differentiate occupational and social justice as different points of advocacy. Social justice is understood as advocating for 'equitable access to opportunities and resources to reduce group differences (p347), whilst occupational justice advocates for:

"...different access to opportunities and resources to acknowledge individual differences resulting from human biology and human interaction with the natural and human environment" (p348).

Five outcomes of occupational injustice have been named, which are distinguished as: occupational deprivation; occupational alienation; occupational imbalance; occupational marginalisation; and occupational apartheid (Hocking 2017; Stadnyk et al. 2010). Occupational deprivation is concerned with individuals and communities being prevented from engaging in occupations due to external restrictions, such as stigma and a low income. Occupational alienation is a state that arises from people

performing occupations that lack positive meaning and purpose. Occupational imbalance results when individuals are either under or over-occupied. Occupational marginalisation is concerned with discrimination resulting in individuals having limited choice and control in relation to their everyday occupations and are relegated to more marginal ones. Occupational apartheid results from the systematic segregation of groups of people, which deliberately denies them access to occupations as a result of prejudices about their capacities or entitlement to valued occupations (Hocking 2017; Townsend & Wilcock 2004). These concepts can be related to people with experience of mental distress feeling unable to participate in a mainstream community football club due to stigma and a low income. Furthermore, it could also be viewed as an occupational injustice that efforts to provide inclusive and accessible sports opportunities for people with experience of mental distress tend to be restricted to specialist mental health projects. Such projects are often based on narrow, individualised, and biomedical understandings of mental distress, with the participation conceptualised as an adjunct to conventional mental health treatment and care (Friedrich & Mason 2017b). Such limited and segregated opportunities arguably perpetuate and compound the marginalisation that people with experience of mental distress encounter in their everyday lives (Pettican & Bryant 2007; Magee et al. 2015). More specifically, occupational therapists have previously been urged to consider the marginalising potential of segregated sport for disabled people as an occupational injustice and as an example of occupational apartheid, though at the elite end of Paralympic and Olympic competition rather than participation in sport at a community, everyday level (Molineux 2012).

As referenced above, there is a complexity in enacting the concept of occupational justice and preventing its related outcomes. Occupational justice at a community and population level is not simply a summation of enabling occupational justice at an individual level (Townsend & Marval 2013). Indeed, the often collective nature of

sports participation further complicates achieving occupational justice at an individual and population level. The notion of inclusive sport seeks to broaden choice and opportunity for everyone when it comes to participation in sport, but it does not seek to replace disability sport as it is recognised this enables valued occupations for many. How individual people choose to do and be, may be undermined by practicalities such as having enough members for a meaningful team game, and fear and stigma resulting in non-disabled people not choosing to participate in inclusive sports sessions. Therefore, resulting in occupational injustice at a population level.

A concept specifically concerned with advancing understanding of collective and collaborative occupations, such as the team sport of football, is a co-occupation. Indeed, the most deeply inter-related social occupations are co-occupations and can be defined as:

“...two or more individuals engage in an occupation which becomes transformed by aspects of shared physicality, shared emotionality, and shared intentionality”
(Pickens & Pizur-Barnekow 2009, p155).

However, co-occupation remains a concept that requires further research and refinement, with particular calls relating to how experience of mental distress may influence the nature and value of participation in co-occupations (Pickens & Pizur-Barnekow 2009; Barnekow & Pickens 2011).

When concerned with fairness in health and resource allocation, focusing on individuals alone is not sufficient and it becomes necessary to analyse the wider political context. However, before considering the policy context and therefore the broader determinants of health it is relevant to also examine the concept of social capital, which has become increasingly prominent within sports literature and strategy as a desired outcome of participation in sport and physical activity.

(Department for Culture Media and Sport 2015; Perks 2007).

2.3.2 Social capital and the transformative potential of sport

Alongside physical and mental well-being, and individual development, developing social capital is stated as a desired outcome within the Government's Sporting Future strategy (Department for Culture Media and Sport 2015). Social capital can be broadly understood as the resources and support that individuals derive from their social relationships and networks (Hsieh 2008). It has been found that having extensive social capital can work as a protective factor, decreasing mental distress for people from diverse and multicultural backgrounds, and across the lifespan (Raymond 2009; Nyqvist et al. 2013). However, social capital is a complex and multifaceted concept, with varying definitions. Bourdieu, a French sociologist, anthropologist, philosopher, and public intellectual, defines social capital as:

“resources linked to the possession of durable networks of acquaintance and recognition” (Bourdieu 1986, p249).

He conceptualises social capital as something that is possessed by individuals and inextricably linked with economic capital. His work was concerned with the power aspects of social capital and how differential resources of power constitute the social position of an individual. Criticisms have arisen from Bourdieu's emphasis on how social capital is used to perpetuate the power and prestige of affluent social groups, at the detriment of poorer ones (Golubeva et al. 2017/18.; Lamont 2012). For example, he outlined how the norms of taste and behaviour that elite social networks hold might work to subtly exclude other people from participating or obtaining the benefits of membership and such an example can quite easily be applied to elite and club-based sports with specific membership criteria.

In comparison to Bourdieu, the work of Putnam, a political scientist, and Coleman, a sociologist, has been much more widely drawn upon for example in the fields of

health (Shoff C & Yang 2013), economic history (Garrido 2014), and business and social sciences (Adebisi Ijaiya et al. 2016). Putnam defines social capital as: *“bonds of community that in myriad ways enrich our lives”* (Putnam 2000, vi).

They conceptualise social capital as a resource that benefits and develops entire communities, and assert that communities with high levels of trust, pro-social norms and reciprocity are more likely to experience positive economic, political and social development (Wakefield & Poland 2005). However, conversely to Bourdieu's work, Putnam and Coleman's work has been criticised for its lack of consideration of the negative impacts of social capital, as they tend to define and discuss social capital as being universally positive. Additionally, it has been suggested that their understanding of social capital overlooks social class and justifies state retrenchment, as there is no mention of the state's role in developing and maintaining social capital. In this sense Putnam and Coleman's conceptualisation of social capital may also be considered more fitting with prevailing neoliberal policy frames (Mooney 2012). In response to this criticism their work has been developed by Evans (1996) who emphasises the role of the state and organisations in social capital and suggests that *‘social capital is formed by making some who are part of the state apparatus more thoroughly part of the communities in which they work’* (p1121). Such thinking ultimately asserts that social capital is dependent on societies having responsive public institutions, which are capable of translating social ties into active community development.

Achieving at least some consensus and progressing social capital as a unified and coherent concept is important because without it efforts to research, measure and ultimately develop the concept are compromised. What the varying definitions do at least seem to agree on is that social capital is fundamentally concerned with social relationships between individuals or groups, and how resources may be acquired

through such relationships (Derose & Varda 2009). Most theorists also agree that there are different types of social capital, bridging, bonding and linking, and that communities benefit from combinations of these different types (McKenzie & Harpham 2006). Bonding social capital is often described as the horizontal ties between individuals within the same social group, whilst bridging social capital refers to ties between individuals that cross social groups or divides. Linking social capital is similar to bridging social capital, in terms of crossing social groups and divides, but has a particular emphasis on people interacting across explicit, formal or institutional power or authority gradients in society (Nyqvist et al. 2013). However, social capital is also a dynamic concept, which is not necessarily evenly distributed across a community. For example, circumstances such as setting up new civic associations may result in communities developing strong stocks of social capital, but there are also times when social capital depletes.

Social capital has been used by policymakers to frame discussions about social exclusion, income inequality and development strategies, although the value of it as a concept for health promotion has yet to be truly established (Wakefield & Poland 2005). The limitations outlined above might be overcome by maintaining an occupational perspective and utilising the concept of occupational justice, with a clear focus on how occupational opportunities might be restricted or enabled by people's social context. Indeed, Social capital is a concept that has been linked to sports participation, as sport is increasingly viewed as a useful tool for developing community relationships and social networks (Delaney & Keaney 2005; Numerato 2008). Of interest is literature that suggests football is a particularly inclusive sport, with very little skew towards different income groups, ethnic groups or educational role, and can therefore be seen as having a potentially strong role in developing bridging social capital and promoting occupational justice (Delaney & Keaney 2005; Friedrich & Mason 2017b; Magee & Jeanes 2013). Indeed, a London-based football

project for people with experience of mental distress has particularly highlighted its representation of younger men, and specifically those from an ethnic minority background, a demographic that is typically marginalised and difficult for mental health services to meaningfully engage (Friedrich & Mason 2017a). Additionally, one study found that if community-based sports projects include non-sporting activities and have a broad age range, they have a higher potential for the development of bonding and bridging social capital than traditional community sports clubs, who tend to be single sport focused, less inclusive and draw upon a narrower social base (Okayasu et al. 2010a). Such research highlights the particular relevance of Bourdieu's conceptualisation of social capital, in terms of how different power resources might enable or restrict opportunity.

The above section has demonstrated the relevance of social capital to participation in sport, perhaps particularly for people with experience of mental distress who are likely to lack social networks and support (Hodgson et al. 2011; Pettican & Bryant 2007). However, what follows is a discussion of when factors might obstruct or compromise this in some way, at both a conceptual and practical level.

2.3.3 The problem with 'disability' and mental distress

There are distinct limitations in the tendency for people with experience of mental distress to seemingly be considered within the broader category of 'disabled people' within sport strategy and policy (Department for Culture Media and Sport 2015; Sport England 2016b). Research has exposed the dominance of the medical model in shaping understanding and attitudes towards those people with experience of mental distress (Beresford & Nettle 2010; Beresford et al. 2016), and has also identified varied responses in relation to adopting an alternative, more social model of mental distress. While some could identify with the barriers and limitations imposed by

society due to them having experience of mental distress, others felt that the concept of impairment within the social model of disability did not fit with their experiences of mental distress, and for some its transitory nature. However, there was in general strong support for more social approaches to understanding and responding to mental distress (Beresford & Nettle 2010; Beresford et al. 2016).

The issue of disabled people being positioned as a homogenous group within dominant discourses relating to inactivity leads to other marginalised groups that do not identify with the label of being disabled, such as those with experience of mental distress, being seldom heard (Beresford & Nettle 2010; Beresford et al. 2016). This issue is present not just in sport policy and strategy (Sport England 2016b; Department for Culture Media and Sport 2015) but also in research, which has been limited to examining the participation rates of disabled people in sport as a collective (Jong et al. 2010) or at best split down into impairment groupings (English Federation of Disability Sport 2013). However, such research has also given rise to calls for a reformed sporting agenda that moves from focusing on individual deficits and impairments, to more fully considering the complexity of sports participation through a social model approach (Misener & Darcy 2014; Darcy et al. 2017). Such an approach would enable a more complete understanding of the factors that can constrain sports participation to then enable more meaningful participation. Although such an approach needs to account for the subtleties and nuances in sports participation, including the differing, diverse, and specific needs within and across various marginalised groups, such as those with experience of mental distress. It would also be complementary to the capabilities based approach to human rights and promoting occupational justice (Hammell & Beagan 2017).

This chapter will now present the policy context relevant to the PMA study in order to explore how that might further shape how people with experience of mental distress participate in sport, before appraising the relevant research evidence.

2.4 Policy context

In recent years mental health policy in the UK has set out that it wants to achieve 'parity of esteem' between mental health and physical health by 2020, in other words that mental and physical health services are given equal priority in terms of care standards and public attitudes (Department of Health 2011b; Department of Health 2014; NHS England 2016). This aim is driven by the adverse effect that receiving a diagnosis associated with their experience of mental distress appears to have on people, in terms of their life expectancy being decreased by 15-25 years on average (Royal College of Psychiatrists 2012a). Although people with a diagnostic label relating to their experience of mental distress have an increased suicide risk compared to the general population, it is actually preventable *physical* health problems such as obesity, cardiovascular disease, and diabetes, that the majority of this increase in mortality can be attributed to (British Medical Association 2014).

These physical health problems may be related to people with experience of mental distress being more likely to smoke and the rapid weight gain that is associated with taking anti-psychotic medications (Royal College of Psychiatrists 2013).

Furthermore, physical activity is discussed as a therapeutic strategy within preventative mental health policy (Elliott et al. 2016). However, when considering such literature it is important not to lose sight of the broader social determinants of health that often coincide with someone experiencing mental distress, such as poverty and low social status, which have also been found to impact life expectancy (Druss et al. 2011). As such, it is appropriate to explore the broader policy context

around physical activity and participation in sport, and its relevance to people with experience of mental distress.

2.4.1 The emergence of inclusive sport

In 2015 the Government published a cross-government strategy: Sporting Future: A New Strategy for an Active Nation (Department for Culture Media and Sport 2015), to help address the static levels of sport participation and high rates of inactivity in the UK. The principle aim of this strategy is to promote a more physically active nation and to redefine what success in sport looks like, with a new focus on five outcomes, which are outlined in Figure 2.1 below:

1. Physical well-being

The physical health benefits of being active are well-documented and this evidence-base provides the main rationale for seeking to enable a more active nation. Being active is viewed as reducing the risk of developing a number of health conditions, such as cancer, dementia, type two diabetes and a stroke.

2. Mental well-being

Positive mental well-being outcomes are considered as important as the physical well-being outcomes achieved through participating in sport. Participating in sport and physical activity is for many people an enjoyable experience, that can reduce stress and anxiety and increase confidence and self-esteem. However, it is acknowledged that less understood is the relationship between mental wellbeing and sports participation, and therefore more research is urgently needed.

3. Individual development

Research has shown that participating in sport improves educational attainment and behaviour, through cognitive benefits, increased confidence, and self-esteem.

4. Social and community development

In addition to individual development sport and physical activity also has the potential to develop stronger communities by bringing people together, often from different backgrounds. This can make people feel better about where they are living, improve community links and cohesion and support the development of social capital.

5. Economic development

It has been calculated that sport contributes £39bn to the UK's gross domestic product (GDP) and a significant proportion of that comes from grassroots sport, for example the millions of people who buy trainers, bikes or pay match fees. Indeed, the UK's economic success is entwined with sport engagement and vice versa, with sport playing a huge role in supporting the GREAT Britain campaign to promote the UK abroad.

(Department for Culture Media and Sport 2015, p16)

Fig. 2.1 Sporting Future: Five outcomes

Particularly relevant to this research study is that the strategy emphasises the inclusion of people of all ages and backgrounds, so that everyone can enjoy the many benefits of sport and physical activity, at every stage in life. This is representative of a significant shift within the sport sector, from an exclusive focus on performance to one of inclusion and a mantra of 'sport for all' (Sport England 2016a). The strategy identifies disabled people and those from low socio-economic groups as amongst those who tend to face common barriers to taking part, and whose current levels of taking part in sport and physical activity are below average. The

strategy also highlights the importance of understanding how participation is best organised, to maximise engagement and related benefits, acknowledging this remains a poorly understood area and that requires more research (Department for Culture Media and Sport 2015). Alongside this, there have been calls from people with experience of mental distress for alternative approaches to conventional mental health treatment, such as participation in sport and exercise, to be researched (Hart et al. 2016).

An appreciation of the intricacy of organising and enabling meaningful participation in sport and physical activity was echoed in May 2016, when the Sport England: Towards an Active Nation Strategy 2016-2020 was published (Sport England 2016b). This document directly referenced the complexity of tackling inactivity and identified that strategies need to go far beyond simply educating inactive people on the benefits of being more active. It highlighted the challenges associated with building a resilient habit of being more active and that habits can vary dramatically at different times in people's lives, such as when someone experiences a period of ill-health or hospital admission. The strategy also recognised the need to make sporting activities and physical activity inclusive and accessible for those groups that appear excluded and tend to participate less – women and girls, people from lower socio-economic groups, older people, disabled people, people from particular ethnic groups, and those with long-term health conditions (such as those who experience mental distress). Therefore contemporary sport policy appears to have begun to draw from a social model discourse, as a particular way of understanding and talking about sports provision and participation (Department for Culture Media and Sport 2015; Sport England 2016b; Sport England 2016a). The social model involves adaptation and modification of the environments in which sports take place, as well as potentially modifying the sport itself. Such an approach contrasts with the medical model, which views disabled people as impaired, unable, or under-

performing within a sport context, and historic sports strategy and policy, which focused on performance (Anastasiou & Kauffman 2013; Sport England 2016b). This shift towards inclusive sport is underpinned by article 30 of the Convention on the Rights of Persons with Disabilities (United Nations 2006), which is based on the social model and states that its signatories:

“...recognise the right of persons with disabilities to take part on an equal basis with others in cultural life” (defined as participation in recreation, leisure, the art, sport, and tourism).

However, in contrast to this is a paucity of literature relating specifically to the notion of inclusive sport, with existing sources to date focusing on the general legality and ethicality of the notion (Darcy et al. 2017; Goodwin et al. 2014; Roy 2007) rather than its definition or exploring its practical implementation.

In support of enabling inclusive and accessible sports participation for people with experience of mental distress, is the Mental Health Charter for Sport and Recreation (Sport and Recreation Alliance 2015). This Charter is a collaboration between the Sport and Recreation Alliance (SRA), the Professional Players Federation and the mental health charity Mind, and sets out how sport and recreation organisations should adopt good mental health practice to ensure organised physical activity is inclusive, positive and open to everyone (Sport and Recreation Alliance 2015).

However, omitted from all the inclusive sport documents explored above is any mention of the exclusive and competitive nature of sport and how this might be balanced against an inclusive sports agenda that is concerned with inclusivity and accessibility. The potential for sport and the contexts they occur within (such as clubs and other facilities) to be exclusive and divisive can be related to an increasing interest in the literature in the paradoxical nature of certain activities and occupations (Perks 2007), which has been represented in the development of the concept of the darkside of occupation (Twinley 2013). Such literature highlights the need for

occupational opportunities to be very carefully constructed, in order to avoid creating or perpetuating inequality, marginalisation, and social divisions. For example, a competitive team sport such as football that is based on a power/performance model of winners and losers could potentially marginalise people who lack confidence in their playing ability.

In summary, the assumed health enhancing potential of sport tends to be the dominant discourse within sport strategy and policy (Department for Culture Media and Sport 2015; Sport England 2016b), with no consideration given to the complexity of using competitive, team-based sports for individual and social transformation. This means that the elitist, divisive, and at times marginalising, nature of sport is side-lined, and therefore the potential for it to compound mental distress is overlooked. Within this discourse, having a disability or other health condition is presented as resulting in the 'problem' of inactivity, with increasing activity levels amongst these groups of people then being presented as the simple 'solution'. Therefore the notion of being more physically active and participating in sport is frequently presented as a universal panacea for people with experience of mental distress (British Medical Association 2014; Hagell 2016; Royal College of Psychiatrists 2012b; Royal College of Psychiatrists 2013). Although such an assertion sits in contrast to the complexity that is articulated by people with experience of mental distress, as outlined in the first-person accounts at the beginning of this chapter. Furthermore, recent research has indicated that attention and action also needs to be directed at the inequitable structures that obstruct participation, such as the perceived implications that being more physically active could have for those in receipt of benefits (Activity Alliance 2018).

What is also notable about both strategy documents detailed above, is the absence of an explicit commitment to giving people from these excluded and inactive groups

a meaningful say and involvement in any research or proposed solutions seeking to explore their experiences. In comparison this was the philosophical basis for the PMA study, which is outlined more fully in terms of methodology in Chapter three.

Following the presentation of the theoretical concepts and policies relevant to the PMA study, these will now be synthesised with specific reference to the research literature relating to the therapeutic use of football by and for people with experience of mental distress. A summary of the selected 22 papers is provided in table 2.1 below.

	Publication Project Country of origin	Aims of study	Participants	Data collection Data analysis
1	Brawn et al (2015) Mental health and football well- being league England, UK	To listen to stories of players in the league and develop a qualitative narrative account of their experiences. To understand these experiences in relation to recovery and well-being	Seven men with mental health problems, aged 25- 63. All were players in the football league	Interviews Narrative analysis/story analyst approach
2	Carless & Douglas (2008a) Football (and other physical activity) at rehabilitation centre in Leeds England, UK *Football as a component*	To develop our understanding of the role/s of sport* and exercise in contributing to men's recovery from serious mental illness	Two men with serious mental illness	Participant observation, medical records, and semi- structured interviews Thematic analysis and formulation into case-studies
3	Carless & Douglas (2008b) Football (and other physical activity) at rehabilitation centre in Leeds England, UK *Football as a component*	To explore ways in which involvement in sport and exercise may enable men with serious mental illness to re-story their life in a more positive way	11 men with severe and enduring mental illness, aged 24-43, and participating in sport/exercise	Semi-structured interviews and participant observation Narrative analysis (social constructionist narrative theory)
4	Carless & Sparkes (2008) Football (and other physical activity) at rehabilitation centre in Leeds England, UK *Football as a component*	To foreground service users' voices in order to shed light on the personal and subjective nature of the relationship between physical activity* and serious mental illness	Three men with serious mental illness	Semi-structured interviews Thematic analysis and subsequent selection of extracts for creation into three non-fiction stories

5	Darongkamas et al. (2011) Park House United Football Club, Staffordshire England, UK	To examine how the lives of regular players at a football club for people with mental health problems are affected by their involvement.	10 men with mental health problems. (Nine took part by playing in the football team and one as a spectator) 24-50 years	Quantitative questionnaire Semi-structured interviews Descriptive statistics Thematic analysis
6	Dyer & Mills (2011) Imagine Your Goals Football programme England, UK	To evaluate the Imagine Your Goals football programme run by Mersey Care NHS Trust	Not specified	Surveys and focus groups Not specified
7	Friedrich & Mason (2017a) Coping Through Football London, UK	To evaluate psychosocial outcomes and physical activity in participants of "Coping Through Football" (CTF), a London-based football intervention for people who receive secondary mental health care	72 participants (dropping to 32 participants at one year follow up = 92% male, mean age 31.7, SD 9.6)	Pre and post (6 and 12 months) self-report measures Descriptive statistics
8	Friedrich & Mason (2017b) Coping Through Football London, UK	To provide a comprehensive review of the empirical evidence regarding the effectiveness of football exercise as an intervention for people with severe mental health problems	Those people who had participated in the 16 empirical studies that the review included. However, no overall number of participants was provided	The authors identified research papers in the peer-review literature that featured empirical findings on football interventions, which aimed at improving mental and/or physical well-being in participants with mental health problems

9	(Friedrich & Mason 2018) Coping Through Football London, UK	To analyse the perceived life improvements reported by participants in the Coping Through Football project using the five PERMA elements of Seligman's positive psychology 'Eudaimonia' (a good life) concept	329 participants (309 male, 97%) in the CTF project, but suitable data obtained from only 86 (78 male, 91%)	Qualitative statements collected from regular CTF participants at at least two different time points in response to the question: What improvements to your life do you feel could be gained by taking part in the CTF Scheme? A content analysis was performed to classify statements according to the five PERMA elements as defined by Seligman
10	Get Set to Go Research Consortium (2017) Get Set to Go physical activity programme UK	To explore and evaluate the impact of the Get Set to Go (local delivery) physical activity programme* on participants' physical activity levels and mental health	725 Get Set to Go local delivery participants. Control group?	Surveys, interviews, focus groups and mood and physical activity diaries. Use of peer researchers with lived experience of mental health problems Data analysis methods not stated

Football as a component

11	Henderson et al. (2014) Imagine Your Goals England, UK	To assess the 'Imagine your Goals' programme (involving 16 Premiership clubs) in terms of (1) participants' mental well-being and access to social capital and coaching staff's stigma-related knowledge, attitudes and intended behaviour at the start and end of the programme, and (2) participants' and coaches' views of the programme	Thirteen clubs returned 196 baseline questionnaires and nine clubs returned 163 follow-up questionnaires 19 programme staff members completed questionnaires	Mixed methods programme evaluation design, with pre/post administration of quantitative measures, end of programme questionnaires to coaches, and focus groups of participants to assess their views of the programme Descriptive statistics and thematic analysis
12	Hodgson et al. (2011) UK *Football as a component*	To identify factors influencing adherence to an activity programme* and the perceived effects of physical activity on well-being for people with severe and enduring mental illness	17 people with severe and enduring mental illness (three female and fourteen male. The mean age of the men was 41.4 years and the mean age of the women was 43 years)	Semi-structured interviews Thematic analysis
13	Hynes (2008) The Positive Mental Attitude Football League England, UK	Anecdotal piece/service evaluation relating to value/outcomes of the PMA	Interviews/case studies of three players	Not specified (anecdotal evidence)
14	Hynes (2010) The Positive Mental Attitude Sports Foundation Trust England, UK	Anecdotal piece/service evaluation relating to value/outcomes of the PMA	Two player quotes and data from 10 players relating to admissions	Not specified (anecdotal evidence)

15	Lamont et al (2017) Four collaborative mental health football projects Scotland, UK	To explore the factors underlying the success of four collaborative mental health football/walking football projects and the role played by football in mental health care delivery and in personal recovery	25 people (18 service users Seven staff)	Focus groups Thematic analysis
16	Magee & Jeanes (2013) Three football projects in the UK (anonymous) UK	To critically examine three (one NHS, two charity) football projects in the United Kingdom and their effects on three components of mental health recovery: engagement, stigma, and social isolation	38 people (20 participants, five coaches/assistant coaches, three project directors, 10 mental health staff)	Interviews Thematic analysis
17	Mason & Holt (2012) Coping Through Football London, UK	To obtain views on the Coping Through Football project's implications for health and wellbeing, quality of life and social/community relationships	19 people (12 service users Five referrers Two coaches)	Interviews Thematic analysis, using many of the tools of grounded theory
18	McElroy et al (2008) Manchester's "Grassroots Initiatives" England, UK	To evaluate the impact of the It's a Goal project on the emotional health and wellbeing of the people who were involved in the league	131 players, aged 16-65	Questionnaire Not specified

19	<p>McGale et al (2011)</p> <p>Back of the Net versus exercise versus control (RCT)</p> <p>Ireland, UK</p> <p>*Football as a component*</p>	<p>To investigate the effectiveness of a team-based sport/psychosocial intervention* (Back of the Net, BTN) with an individual exercise (IE) and a control condition for the mental health of young men</p>	<p>104 sedentary males aged between 18 and 40 years. Randomly assigned to the BTN, IE, or a control condition. The BTN programme integrated team sport (i.e., football) and cognitive-behavioural techniques. IE sessions included aerobic and resistance training. The control group refrained from exercise</p>	<p>Ten-week randomized control trial and eight-week post-intervention follow-up. Participants completed the Beck Depression Inventory – 2nd Edition (BDI-II), the Social Provisions Scale (SPS) and a short qualitative questionnaire at pre-intervention, week 5, post-intervention and at 8-week follow-up.</p> <p>Descriptive statistics, internal reliability, and correlation analyses. ANOVA and Fisher exact tests</p>
20	<p>Moloney & Rohde (2017)</p> <p>Kick-Starting Recovery Programme</p> <p>Ireland, UK</p>	<p>To explore the subjective experiences of participants in the Kickstarting Recovery Programme (KSRP) and report the long-term feasibility of this intervention as part of an occupational therapy programme</p>	<p>Six men with psychosis</p> <p>The KSRP emanated from a lack of opportunity for service-users to engage in valued sporting activities. Service-users had expressed an interest in playing football but were unable to access existing community resources.</p>	<p>Semi-structure qualitative interviews</p> <p>Thematic analysis</p> <p>KSRP was a joint initiative of the mental health service's Occupational Therapy department, the Football Association of Ireland (FAI) and the local county council to facilitate participation in football for persons with psychosis</p>

21	Mynard et al (2009) RecLink league Melbourne, Australia	To consider the benefits derived from participation in a community-based Australian Rules Football league in Melbourne, Australia. The RecLink league deliberately tackles the social and occupational disadvantages associated with mental illness, addictions, unemployment, and homelessness	All members of the RecLink league may have been included in observations. Five members were purposively selected for in-depth interview	Ethnographic fieldnotes were written following participant observation at training, games and events Five in-depth interviews Thematic analysis
22	Oldknow & Grant (2008) Recreational enterprise assisted client training (REACT) England, UK	To evaluate the REACT (recreational enterprise assisted client training) project	Not specified	Not specified

Table 2.1

2.5 Research into the therapeutic use of football

A key theme within the selected literature is an approach that constructs people with experience of mental distress as inactive, and that the simple solution to such inactivity is engaging them in some form of sport and physical activity. Indeed, being more active is presented as a straightforward process of moving from being inactive to active (Carless & Douglas 2008a.; Carless & Douglas 2008b; Carless & Sparkes 2008; Hodgson 2012; McGale et al. 2011). In the UK there appears to have been a particular interest in the therapeutic potential of football as an adjunct intervention for people with experience of mental distress, as a way of supporting them to be more physically active (Friedrich & Mason 2017b). Participation in football has been identified by participants in several studies as providing structure and purpose (David Carless & Douglas 2008; Henderson et al. 2014; Hodgson et al. 2011; Moloney &

Rohde 2017). Furthermore, such participation is discussed as providing positive experiences of accomplishment, a distraction from experiences of mental distress, and the opportunity for a role shift from a mental health service user to a football player (Dyer & Mills 2011; Hodgson et al. 2011; Mason & Holt 2012; Moloney & Rohde 2017). However, focusing on the benefits of participation does again obscure the complexity of participation, which will be illustrated with reference to relevant literature below.

2.5.1 The complexity of participation

A study that highlights the limitation of overly focusing on the benefits of participation was conducted by Carless & Douglas (2008a), and explored the ways in which involvement in sport and exercise may enable men with serious mental illness to re-story their life in a more positive way. Eleven men, aged 24-43, were recruited from a vocational rehabilitation centre in the North of England for people with experience of severe mental distress. They had an established programme of sport and exercise activities, of which football was a component. Participant observation during sport and exercise participation, and semi-structured interviews, were employed as the two methods of data collection. Narrative analysis provided findings in the form of three-story types; action; achievement; and relationships.

The action narrative was concerned with how participation in sport and exercise provided purpose and something to do, against a backdrop of an otherwise inactive lifestyle as someone with experience of mental distress. Participation in football was specifically quoted as providing a positive focus for thought, depicting a deficit model of mental distress in terms of something lacking in the individual that the football then fills. The achievement narrative represented the learning and performing of new skills that arose from participation in sport and exercise, such as the positive feelings

that were specifically connected to more proficient movement and performance outcome, again drawing from a deficit model of something lacking within the individual as a result of their mental distress. The final narrative was relationships, which highlighted the value of sport and exercise in bringing people together and providing a common interest and motivation. However, it was also acknowledged that the activity itself may not always be the motivator, but rather what participation in the activity is perceived to offer, such as social opportunities. Furthermore, this narrative encapsulated the support and consideration participants felt they benefited from when participating in sport and exercise with others.

Strengths of this study include the necessity for a considered approach to researching people with experience of mental distress, in terms of both researchers taking time to build rapport and familiarity with potential participants by themselves participating in some of the sport and exercise sessions over quite a significant period (18 months). However, arguably this blurring of the research and therapeutic involvement of the researchers could give rise to ethical concerns in terms of participants potentially feeling coerced to participate in the study because the researchers were also running a golf activity group that they enjoyed participating in. This tension was not acknowledged or discussed within the paper. Overall, the study presents a detailed description of the ways in which men with experience of severe mental distress may re-story their lives more positively due to participation in sport and exercise.

However, although the study mentions the need to avoid asserting the three identified narratives as generally unifying for all men with experience of mental distress who participate in sport and exercise, the study was limited in its scope of identifying only how they may re-story their lives in a more *positive* way. Therefore, the study's focus and design did not allow for exploration of the complexity of

participation. There are times when the social and/or performance demands of participating in sport and physical activity may actually compound mental distress, but this was obscured by a discourse that positioned participation in sport and physical activity as universally positive and a panacea. Furthermore, the study did not explore, for example, the factors that contribute to periods of inactivity for men with experience of severe mental distress and the resulting occupational injustices.

The Carless & Douglas (2008a) study was extended through two related papers (Carless & Douglas 2008b; Carless & Sparkes 2008), which were specifically focused on a select few of the original 11 male participants (two and three retrospectively), in order to explore a slightly different research aim (Carless & Douglas 2008b) and progress an additional form of analysis (Carless & Sparkes 2008).

Carless & Douglas (2008b) studied the role of sport and exercise in contributing to the recovery of two men with experience of mental distress. The two participants were initially recruited as part of the larger Carless & Douglas (2008a) study, but subsequently selected as case-studies. The case-studies employed participant observation, examination of medical records, and semi-structured interviews as methods of data collection. Analysis was thematic, with formulation into two case-studies to depict the findings. A detailed explanation is given for how data from all three of the forms of data collection were included in the analysis. A strength of the study is that the findings do highlight some of the complexity inherent in participation, in terms of the difference in meaning in different life courses. The two men very differently construct how sport and exercise has contributed to their recovery. For instance, Colin's participation in sport and exercise provided an important connection with his previous life, before the onset of mental distress, when he actively participated in sport and exercise. In contrast, for Mark it provided new experiences,

as he contrasted his previous lifestyle as being an inactive one. For Mark there was value in the opportunity to work as a team, passing the ball to others, and developing his social confidence. Football provided both somewhere to talk, and something to talk about. These experiences can be linked to the concept of social capital, in terms of participation in sport providing opportunities to build social relationships and networks.

Therefore, to some extent the Carless & Douglas (2008b) study addresses limitations of the Carless & Douglas (2008a) study, as it emphasises the variation and uniqueness inherent in the relationship between sport and exercise participation, and mental distress. The value of participation in sport and exercise in allowing individuals to experience *different* benefits appropriate to their own individual recovery needs – for Colin a connection to a previous way of being and doing, and for Mark a new way of being and doing. In this sense it could be viewed as an important facilitator of occupational justice, in terms of accommodating individual (and different) capabilities, strengths, and resources (Hammell & Beagan 2017; Hocking 2017).

The Carless & Sparkes (2008) study involves three men with experience of severe mental distress from the same vocational rehabilitation centre in the North of England, although the relationship between this study and the Carless & Douglas (2008a) study are not specifically detailed in either paper. However, it is noted that two of the pseudonyms (Colin and Mark) in the Carless & Douglas (2008b) and the (Carless & Sparkes 2008) study were the same, perhaps suggesting that the same participants and data were researched and analysed for different purposes and in different ways.

The Carless & Sparkes (2008) study foregrounded the voices of three men with experience of severe mental distress, in an attempt to illuminate the personal and subjective nature of the relationship between physical activity and severe mental distress. Data collection involved semi-structured interviews, followed by thematic analysis. Subsequently extracts were then selected for creation into three non-fiction stories. A limitation of the paper in terms of this review is that it is dominated by justifying and discussing story construction as a novel form of data analysis and presentation. Consequently, it felt that some components of the findings (such as the social outcomes that can arise from participation in sport and exercise) were under explored, in comparison to the two related papers detailed above. The study does, however, take up an important philosophical position in terms of seeking to foreground the often marginalised and seldom heard voices of people with experience of mental distress, as a different way of understanding and talking about participation in sport. This distinct position is then further reflected in the study design when consideration is given to the potential burden of conducting additional interviews with participants. The authors emphasised the important contribution of the three stories in terms of them containing positive elements, not just the problems that people with experience of mental distress live with and encounter. All three stories detail a reconnection with sport and exercise as part of mental health recovery (with football being particularly referenced in two) and therefore previous states of being and doing. However, for one the period of lapse had been significant (25 years). The stories were therefore constructed as success stories, with happy conclusions, and their perceived ability to enable social and individual transformation was detailed. However, there was no discussion of any member-checking activity (where data or results are returned to participants to check for accuracy and resonance with their experiences) or the limitation of all three stories ultimately detailing success and a happy conclusion, and the pressure and disconnection this could create for readers who have not shared this experience. Furthermore, such an

omission perpetuates a discourse focused purely on the positives of participation. The stories were suggested as tools for raising awareness amongst mental health professionals of the possibilities connected with engaging service users in physical activity. Therefore, potentially prolonging the marginalisation of those that struggle with being more active and participating in sport through the practice of mental health professionals, by only presenting positive stories and the suggestion that participation in sport and exercise by people with experience of mental distress always results in success and a positive ending. All three of the studies also only involved men, although as outlined in the preceding chapter this is noteworthy in that men have been identified in the literature as a particularly seldom heard and marginalised group when they experience mental distress (Doherty & Doherty 2010; Nam et al. 2010; Mckeown et al. 2015; Pitman et al. 2012).

The complexity of participation is further exemplified in a study by Lamont et al. (2017), which examined four mental health football projects established in conjunction with in two geographical National Health Service Boards in Scotland. The study specifically explored the factors underlying the success of four projects (two walking football and two football) and the role played by football in mental health care delivery and in personal recovery. The study is framed by a participatory ethos, both in terms of how it was conducted and how the football projects themselves are delivered. Purposive sampling recruited 25 participants: 18 service users and seven staff members. Data was collected via four focus groups, one for each of the football projects. The choice of focus groups as the data collection method was justified as mirroring the style of the football activity (i.e. taking place in a group context). However, due to the collaborative nature of all four of the football projects (staff and players actively participated together), there could be seen to be issues of coercion in that individuals tasked with generating interest in participating in the study were also taking part in the football sessions alongside potential participants. This could

have been avoided through clearer separation of research recruitment and practice roles.

Despite the study's declared focus on the 'success' of the four football projects, the findings particularly extend understanding around two essential ingredients of playing football - competition and collaboration – and how these might be prioritised differently within a therapeutic football project. For example, participants spoke of the competitive element of the football being a motivating factor for participation, but not of primary importance. There was a sense of this being balanced against the therapeutic purpose of the projects, and a 'toning down' when new participants arrived with an emphasis on being competitive. Such findings can also be linked to the literature concerned with the potential paradoxical nature of participation in sport (Perks 2007) and the concept of the dark-side of occupation (Twinley 2013).

Although I acknowledge that the term 'dark-side' may be considered to have negative racial connotations, this is the term utilised by Twinley (2013) in her publications relating to the concept of the dark-side of occupation, and therefore for consistency utilised in this thesis.

Collaboration in terms of the staff and players taking part in the football together was highlighted as something distinctly different from other, more conventional, mental health services and projects. Indeed, participants identified it as a football project, rather than a mental health service. Such a construction can be connected with other findings from the study and previous research, which identified football as becoming the focus, while mental health diagnoses and experiences were backgrounded (Dyer & Mills 2011; Hodgson et al. 2011; Moloney & Rohde 2017) and that there were opportunities to re-connect with a past identity as a football player (Carless & Douglas 2008b; Mason & Holt 2012). Interestingly, the findings from this study also highlighted difficulties in engaging or collaborating with their local

professional football clubs, to further support their ongoing ventures. This draws some attention to the barriers that can still be experienced by mental health projects as they try to develop and evolve into local collaboratives, perhaps particularly as Scotland appears to lack an equivalent of the English Imagine Your Goals programme, which specifically involved collaboration with premiership football clubs and will be outlined in more detail later in this chapter (Dyer & Mills 2011; Henderson et al. 2014). Such a lack of local collaboration can also be connected with participants identifying pressures for 'throughput' if projects are time-limited and/or create a pressure for people to move on. With some feeling that they do not wish to move beyond the safe and accepting environment of the football projects, with peer support being identified as integral to sustaining participation (Get Set to Go Research Consortium 2017; Hodgson et al. 2011).

The following section will posit the argument that a reason for such complexity in participation being overlooked is the dominance of the biomedical understanding of mental distress.

2.5.2 Moving beyond a biomedical understanding of mental distress

What is shared across the 22 studies summarised in table 2.1 is a conceptualisation of football as an adjunct intervention to conventional mental health services and treatment. It is important to acknowledge that such a narrow understanding of the therapeutic potential of football marginalises and obscures other ways of being and doing. Statutory mental health services continue to be dominated by a limited, biomedical understanding of mental distress. This view asserts that mental distress is a brain disease for which pharmaceutical treatment is required to resolve biological abnormalities (Mental Health Taskforce 2016; Royal College of

Psychiatrists 2012b). This particular way of understanding mental distress is fundamental to the tendency for marginalised groups to be understood as abnormally 'inactive' and for mental health interventions to become focused on how *individuals* might be supported to become more active, rather than addressing the inequitable structures that obstruct participation (Hammell 2015), such as the fear of benefit sanctions (Activity Alliance 2018).

Somewhat in contrast to perpetuating a biomedical construction of mental distress, is a study by Darongkamas et al. (2011), which sought to examine not just how participation in the football club might address deficits associated with experiencing mental distress (for example, symptom reduction), but also how participation might enable positive experiences, such as improvements to sense of self and feeling valued. The authors reported that previous research had tended to be too focused on how football might address deficits associated with experiencing mental distress. They examined the experience of regularly participating in Park House United, a football club established by South Staffordshire and Shropshire Healthcare NHS Foundation Trust, for their mental health service users. The study used two methods of data collection: A questionnaire containing Likert scales, and semi-structured interviews, to evaluate how the lives of regular players at the football club are affected by their involvement. All fifteen of the club's members were invited to participate in the study, of these 10 men aged 24-50 years agreed. Nine of these men participated in the football club by playing football, and one participated by spectating. Seven participants were unemployed, one was employed full-time and one was in education. Eight participants attended the football club every week and two attended occasionally.

Minimal detail is given about how the data was analysed, but the quantitative questionnaire results are presented in tables within the paper using descriptive

statistics. Of note is that some participants reported feeling a 'bit worse' about themselves (one person) and their mood (one person). However, this aspect of the findings was reported but not discussed, despite the qualitative data also including concerns about the potential closure of the club, and this relating to a participant's feelings of anxiety. Such findings provide important information about the complexity of participation in football for therapeutic purposes, and the factors that might mediate the relationship between organised physical activity and experiences of mental health distress.

Overall the study's findings were positive, and the qualitative data highlighted five themes of social inclusion, changes to mental health, changes in attitude/behaviour, importance of the club, and self-confidence, which broadly align with the research reviewed above within which football was only a component.

The Get Set to Go programme (Get Set to Go Research Consortium 2017) also represents a distinct departure from dominant narrow, individualised, and biomedical understandings of mental distress in terms of it including outreach work to mainstream sport and leisure facilities. Adopting this social model approach to mental distress is more inclusive of people's varied experiences and also acknowledges the social nature of experiencing mental distress (Beresford & Nettle 2010; Beresford et al. 2016). The Get Set to Go programme, led by the mental health charity Mind, was co-developed by people with experience of mental distress through a series of steering groups and workshops. The co-production had the intention of ensuring that the programme was relevant, meaningful, empowering, and based on the needs of people with experience of mental distress. Furthermore, it is the largest programme in the world that uses a peer support model to help people with experience of mental distress to become active. The programme had three main delivery strands: Firstly, local delivery via eight local Mind centres, who

provided group-based activities to introduce people with experience of mental distress to sport and physical activity. Football was a component of such group-based activities. People with lived experience of mental distress were trained as 'peer navigators', to support people to overcome the main barriers and challenges associated with taking part. Uniquely, this included outreach work to mainstream sport and leisure facilities, with the intention of making them more accessible and inclusive of people with experience of mental distress. Secondly, the programme was delivered through digital peer support via the Elefriends website - Mind's online peer support community. This involved people with experience of mental distress supporting each other online in relation to taking part in sport and physical activity. Thirdly there were a series of national campaigns and media coverage to raise awareness around how being more active can be helpful for people's mental health. These were accompanied by resources that supported the messages, such as training materials for sport and leisure providers.

Mind worked with researchers from Loughborough University and the University of Northampton's Institute of Health and Wellbeing to explore and evaluate the impact of Get Set to Go programme on participants' physical activity levels and mental health. The researchers also looked at what impact peer support – provided digitally and face-to-face – had on the people who give and receive it, and the effectiveness of the Peer Navigator (voluntary peer support role) model. The study employed mixed methods in terms of seven outcome measures (the International Physical Activity Questionnaire – IPA2, the Sport England Single Item Measure for physical activity one x 30 minutes per week, the Warwick Edinburgh Mental Wellbeing Scale, the General Self-Efficacy Scale, the Exercise Benefits and Barriers Scale, the Behavioural Regulations in Exercise Questionnaire – adapted BREQ2 short version, and the Social Provisions Scale – SPS10), focus groups, and mood and physical activity diaries. Furthermore, the study had a more participatory ethos than those

reviewed above, in terms of involving peer researchers with lived experience of mental distress to assist with data collection. However, it is unclear as to what involvement (if any) the peer researchers had in the analysis stages of the research. Data was collected from over 1,000 participants, comprising 725 Get Set to Go local delivery participants (50% male, 49% female and 2% did not state), 207 people involved in digital delivery through Mind's Elefriends website (15% male, 80% female and 5% did not state), and 77 people from the control group, a group of local Mind service users who were not part of Get Set to Go programme (23% men and 77% female).

The study found that the Get Set to Go programme was successful in supporting people with experience of mental distress to become more physically active. Indeed, after three, six, and 12 months, participants who engaged with the local delivery evaluation were reported to be doing 30 minutes of physical activity on more days a week than when they joined the programme, as measured on the Sport England Single Item Measure for physical activity one x 30 minutes per week. Although specific numerical data was not reported to support this finding, it was a significant change that was not seen in the control group of local Mind service users who were not part of Get Set to Go programme. Emphasised as being central to these increased rates of physical activity was the supportive social environment that the programme provided, especially the peer support, which was cited as being integral to enabling a return to physical activity after a period of physical or mental ill-health. These findings aligned with the previously reviewed studies (Carless & Douglas 2008a; Carless & Douglas 2008b), which highlighted the social value of participation in sport and physical activity and also the importance of support in sustaining participation (Hodgson et al. 2011). Importantly the study's findings also discussed the complexity of participation, in terms of when things might not work or can go wrong when people with experience of mental distress participate in sport and

physical activity. For example, that over-exercising can be used as a form of self-harm, and that when the structure of activity sessions is changed this can negatively impact on mood. Barriers to being more physically active are also discussed, where participants reported experiencing barriers to being physically active being negatively associated with mental health at all time points.

Indeed, strengths of the study included its national scale and the multiple components of delivery that the programme involved, and in turn the numerous methods of data collection that were used in its evaluation. This enabled a detailed and in-depth picture of what might enable and restrict physical activity participation for people with experience of mental distress. However, the dependability of the study was limited by several omissions. The ethical issues and clearances relating to the research were not detailed, and only limited details of the data analysis methods were provided. This does not allow readers to scrutinise the various stages of the research process.

A recurring benefit, which has been termed 'occupational spin-offs' is now explored in more detail with reference to other research studies below.

2.5.3 Occupational spin-offs

Many of the studies in table 2.1 detailed that participation in the football provided synergistic benefits, which related not just to participation in the football club but also at times led to what I have termed 'occupational spin-offs', For example, that the increased confidence and social relationships derived from participating in the football club then led on to some participants participating in other activities with their team-mates, outside of the football club sessions, and also pursuing employment

opportunities. These findings relate not just to the concept of social capital in terms of illustrating how participation in football might enable additional resources through social relationships and networks, but also to the concept of occupational justice in terms of broadening choice and opportunity in participation. Indeed, the notion of 'occupational spin-offs' arising as a further outcome of participation in the football demonstrates how the value of enabling participation in sport can have far reaching consequences for the everyday lives of people with experience of mental distress. Of note is that such outcomes are not related to actually playing football, but to the before and after periods of such activity and as a result of the social relationships that the activity has fostered.

Gaining social capital through participating in the football project and developing networks and other supportive resources is evident in a study by Brawn et al. (2015). The study specifically focused on the stories of players in a league in the North West of England, to develop a qualitative narrative account of their experiences. The main aim was to understand these experiences in relation to mental health recovery and well-being. Seven members of the league participated in the research interviews, who were aged 25-63. A major theme (or plot within the story) was identified as improvement in well-being and identity through football. It was felt the football provided players with an alternative narrative, to the dominant and disempowering biomedical narrative discussed above. In this sense there was a process of reshaping that occurred, as players constructed a more positive sense of self. Therefore, there was a sense of tensions and challenges in relation to conventional understandings of mental distress when these are coupled with a football initiative, as it provides an opportunity to move beyond and reject their construction as a mental health service user. Highlighting the complexity of providing safe spaces where people with experience of mental distress can experience belonging and a sense of shared experience, whilst also championing inclusion and deconstructing

barriers to participation in sport. Participants also provided descriptions of how relationships manifested both on and off the pitch and discussed how they worked together during matches. Such findings can be related to the concept of co-occupation in terms of the shared and collaborative nature of participation (Barnekow & Davel Pickens 2011; Pickens & Pizur-Barnekow 2009). This collaboration then led on to them socialising and developing friendships outside the group. Having a network to socialise with were the particular 'occupational spin-offs' described in this study.

Furthermore, a study by Dyer & Mills (2011) reported that mental health staff and service users playing football together as part of their footballing initiative broke down barriers between the two groups. This study focuses on evaluating a specific football initiative run by Mersey Care NHS Trust, in collaboration with the national Imagine Your Goals programme. Imagine Your Goals represents a collaboration between England's Time to Change programme to reduce mental health related stigma and discrimination, and the football premier league, which is reported in the paper as realising it needed to do more to ensure premier league clubs were providing specific community projects for people with experience of mental distress as part of their corporate social responsibility. Ultimately 16 premierships football clubs were involved in the Imagine Your Goals programme, which will be discussed more broadly in relation to another study later in the next section of this chapter. Dyer & Mills (2011) did not report how many participants were involved in their evaluation, but surveys and focus groups were stated as the main methods of data collection. The study also corroborated the findings by Brawn et al. (2015) that football participation led to 'occupational spin-offs', by reporting that the social relationships developed between participants then led to them socialising in the evenings together, outside of the football sessions and that the confidence developed led to the pursuit of new activities, such as learning to drive. Indeed, the

social aspects of participation were identified as being as important and enjoyable as the physical outcomes, by those that took part, highlighting the development of social relationships and networks (social capital) as a motivator in itself. Furthermore, those that took part reported football providing them with both physical and mental health benefits, in terms of fitness, weight loss, and providing a distraction and therefore an escape from the symptoms of mental distress. The football provided structure and purpose, and the opportunity to re-connect with previous states of being and doing, such as when they had enjoyed playing football at school before the onset of their mental distress. Such structure, purpose, and shifts in identity and confidence were also connected in the study's findings with reductions in hospital admissions for some participants.

Further highlighting the occupational injustices that people with experience of mental distress face, is a study by Moloney & Rohde (2017), which explored the long-term feasibility of a football project that was set up in collaboration with community mental health services. The Kickstarting Recovery Programme (KSRP) was a joint initiative with a mental health service's occupational therapy department, the Football Association of Ireland (FAI), and the local county council. The KSRP was set up with a specific remit to facilitate participation in football for people with experience of psychosis, as they had expressed an interest in playing football but were unable to access existing community resources. The qualitative study sought to explore the subjective experiences of participants in the KSRP and report the long-term feasibility of this intervention as part of an occupational therapy programme. Of the 12 invited, six men with experience of psychosis agreed to participate in data collection via interview, with the scope of the study limited to people who had taken part in at least one full cycle of training (four to six sessions). However, reasons for withdrawal from or non-attendance at the KSRP were not stated in the paper. It is limiting when research studies in this field adopt such a focus and design, as other

research studies have demonstrated the often fluctuating nature of participation for people with experience of mental distress (Friedrich & Mason 2017a; Henderson et al. 2014).

The study's findings detail four themes, three of which confirm previous research findings and one that extends current understanding. The theme of football participation enabling 'occupational spin-offs' (Darongkamas et al. 2011; Dyer & Mills 2011; Friedrich & Mason 2017b; Henderson et al. 2014; Mason & Holt 2012) is also present, this time connected with having a cup of coffee with team-mates after training. The study's findings provide new knowledge about the skill improvements that participants reported acquiring, such as how they felt playing football regularly improved their concentration and helped with motor planning, in terms of practicing dribbling and passing the ball. Participants also commented on the social and physical environment that participating in the football project provided and highlighted the supportive social environment that professional FAI coaches contributed to creating, with the football providing an obvious topic of conversation that social interactions could be based around. These findings again highlight the importance of a supportive social environment in enabling and sustaining participation.

A sense of footballing initiatives providing opportunities for 'occupational spin-offs' is therefore prevalent in the literature appraised in this chapter, and occurs again in the findings of Mynard et al's (2009) study, which was conducted in Australia. This study involved RecLink, an Australia-wide, non-profit organisation providing sporting, social and recreational opportunities to people experiencing social disadvantages, such as mental distress, substance abuse, unemployment, and homelessness. The study sought to examine the lived experience of belonging to a specific RecLink football team, which was originally established by an occupational therapist but was

subsequently run by a committee of players and volunteers in collaboration with the Australian Football League (AFL). All players were male, aged 16-60. The study employed an ethnographic approach, with the first author joining the team for an entire season to gain an 'inside' perspective. She attended 11 training sessions, 10 of 11 matches, and the presentation dinner. However, as a female she did not train or play, instead assisting when she could from the side-lines and occasionally coming on to the pitch to distribute water and complete other relevant tasks. This approach might be considered to undermine the ethnographic intention of gaining an 'insider' perspective. In addition to this participant observation, five in-depth interviews were conducted with willing players.

The Mynard et al (2009) study was, however, limited by the sampling criteria specifying that participants had to have been involved in the RecLink football team for at least one season so again perspectives about why people may have struggled to sustain involvement were omitted. The study does call for more longitudinal research though, to consider participation more fully and how it evolves over time. Interestingly, this study also stresses how occupational therapy can be delivered effectively outside of a conventional health setting and urges the occupational therapy profession to debate their scope of practice and consider an extension into sports contexts. Therefore, challenging traditional ways of working.

The data analysis identified three themes: A spirit of inclusion; team-building; and meaning of team involvement. Providing further evidence of the complexity of participation and occupational spin-offs, is the theme of team-building. This theme emphasised both a process to participation (as players gradually got to know each other and work together as team-mates), and that this unity then enabled socialising both during and outside of team events, with such activities then further strengthening the team as a unit. In particularly such findings highlight the

transactional relationship the activity and the social relationships that are formed.

Furthermore, these findings provide a sense of a process of participation, which will now be further detailed below with reference to relevant research studies.

2.5.4 A process of participation

Findings from the Dyer & Mills (2011) study outlined above demonstrated that the initial increase in social contact and expectation that occurs through participation in the football can be quite difficult, as participants who have previously been inactive and isolated adjust to being and doing with others on a regular basis. This finding further highlights the complexity of participation and links back to some of the experiences depicted by privileging the seldom heard voices of people with experience of mental distress at the beginning of this chapter. Secondly, such initial struggles subsiding as confidence increased and new social relationships were formed, is representative of participation evolving over time. A study by Brawn et al. (2015) confirms the idea of a process of participation, in terms of their research findings in relation to a 'Community-unity' theme. This highlighted how friendships were gradually formed and a sense of belonging developed, around the shared experiences of mental distress and being part of a football team. This again provided evidence for the idea of occupational spin-offs and a transactional relationship between the activity and the social relationships that are formed.

Additionally, a process of participation was highlighted in a study by Friedrich & Mason (2017a), which used a single group pre- and post- quantitative interventional study design to evaluate psychosocial outcomes and physical activity in participants of the Coping Through Football (CTF), a London-based football intervention for people who receive secondary mental health care. The CTF project was initiated by a local charity, London Playing Fields Foundation, in collaboration with a range of

stakeholders local to London including the local football club and the local NHS mental health Trust. It operated across four London boroughs, with populations who experience varying levels of social deprivation.

The study used three self-report outcome measures. Self-esteem was measured using the Rosenberg Self-esteem scale, which has ten items measuring positive and negative feelings about the self on a four-point Likert scale. Quality of life was measured using the WHOQOL-BREF quality of life assessment, which is comprised of 16 items on a seven-point Likert scale. It includes areas such as psychological well-being, physical health, social relationships, and environment. The short form of the International Physical Activity questionnaire (IPAQ) was also used to assess self-reported physical activity for the past seven days across three activity levels: a) vigorous activity; b) moderate activity; and c) walking (minutes per day and days per week). Based on the participants' responses, minutes per week were calculated for these three activity levels. Lastly, 'hours spent sitting per day' were also assessed with the IPAQ. From the 329 participants (309 males, 94%) who took part in the Coping Through Football Intervention between 2012-2017, data for 72 participants was available at six-month follow-up, and for 32 participants at 12-month follow-up. The reasons for the drop-out rate were detailed as the typically ad hoc attendance of participants, as their health and life circumstances fluctuated. Thus, further highlighting the complexity of participation and conducting longitudinal research in this area.

A strength of the quantitative Friedrich & Mason (2017a) study is that it provides an opportunity to triangulate the empirical evidence found in the other largely qualitative studies by comparing their findings. Surprisingly, when considering the findings of the other studies appraised above in terms of the plethora of psychosocial outcomes that appear to arise from participation in football, the increases on the psychosocial

measures that were found at both follow-up points in this study were only modest. The main finding of clinical significance was the highly significant increase in physical activity levels. Indeed, levels of vigorous and moderate level activity nearly doubled over the first six months of participation in the CTF project. For vigorous activity from a baseline of 102.98 min/week there was an increase to 196.85 min/week at six months, and then also from a baseline of 117.26 min/week to 248.23 min/week at one-year follow-up. For moderate activity the results were similar, with an increase from a baseline of 78.12 min/week to 149 min/week at six-month follow-up, and from a baseline of 87.74 min/week to 209.61 min/week at one-year follow-up. Maintaining such increased activity levels at 12 months suggests that the CTF project was successful in motivating and sustaining behaviour change, although it was beyond the scope of the study to explore whether this was maintained after people left the project. The reported activity levels far exceed what would be achieved from participating in the CTF alone, and therefore this study potentially further corroborates the other research findings discussed above, as it suggests there is an 'occupational spin-off' value to participation in such football projects by people engaging in other occupations that may at times increase their physical activity levels. Those that take part develop confidence, self-esteem, and social relationships, which in turn enable them to participate in other everyday activities that they need, want, or have to do. Advancing knowledge relating to the cumulative nature and value of participation therefore seems critical, if we are to try and better understand the complexity of participating of marginalised groups, such as people with experience of mental distress, participating in sport. A strength of both the CTF project and the Friedrich & Mason (2017a) study is its representation of younger male service users, and specifically those from an ethnic minority background, a demographic that is typically marginalised and difficult for mental health services to meaningfully engage (Mason & Holt 2012).

In alignment with the previously appraised papers, the (Friedrich & Mason 2017a) study also offers evidence of a process of participation. For CTF participants the process of developing participation was connected to growing feelings of safety and trust, and players then opening-up and becoming more involved in response. The support and behaviour of the coaches was discussed as being integral to such a process occurring, aligning with other research studies that have stressed the importance of support in sustaining participation in sport and physical activity (Get Set to Go Research Consortium 2017; Hodgson et al. 2011). The recurring finding of developing confidence leading to new social relationships and other 'occupational spin-offs' (Darongkamas et al. 2011; Dyer & Mills 2011; Friedrich & Mason 2017a; Henderson et al. 2014) was also echoed in this study's findings, with participants reporting attending football matches, playing other sports, and using public transport in connection with their participation in the CTF project.

However, similarly to several of the other studies that have been appraised above and focused on evaluating specific mental health football projects and initiatives, this study is limited by its self-selecting sample and all participants being successfully engaged within the CTF project. Consequently, reasons for withdrawal from or non-attendance at the CTF project were beyond the scope of this study and were not elucidated in the report. Indeed, there appears to be a paucity of research with a specific focus on examining the factors that might influence and impact on questions of discontinuation of participation in an organised sport and/or physical activity programme. Hodgson et al. (2011) is an exception, but only includes football as a component. Studies have previously highlighted the need for further longitudinal research, which more fully explores participation within the context of people's life course, particularly after their participation in an organised project may have ceased (Darongkamas et al. 2011; McGale et al. 2011).

The overall value of the Imagine Your Goals (IYG) programme was subsequently explored by Henderson et al. (2014) in another mixed methods study, which sought to evaluate the IYG programme in its entirety by involving all of the 16 premier league football clubs that were stakeholders, over a two year period that encompassed the 2010-2011 football season. The study collected both participants' and coaches' views of the IYG programme and similarly to Dyer & Mills (2011) the findings emphasise the initial difficulties that can be encountered when engaging with such a programme, as participants with experience of mental distress get used to being and doing with others, when they have previously been social isolated and inactive. The study assessed participants' mental well-being, access to social capital, and coaching staff's stigma-related knowledge, attitudes, and intended behaviour at the start and end of the programme. Inevitably each of the 16 IYG programmes were run slightly differently, with some providing sports other than football, such as those seeking to attract women or older people. Four of the clubs restricted their IYG target age group to young people and one to older people, whilst the remaining 11 clubs had no restriction to their programmes at all beyond being for adults.

Data was collected via the administration of pre- and post- measures. These were the Warwick-Edinburgh Mental Well-being Scale, which was used to evaluate mental well-being, and the Resource Generator-UK (RG-UK), which was used to measure participants' access to social resources within their social network, and therefore their social capital. Coaching staff invited participants to complete the measures at the beginning and end of their involvement with the IYG programme, with participants needing to complete a minimum of six football sessions to complete the post- measures. Furthermore, data was collected via five focus groups with programme participants, and end of programme questionnaires that were sent to coaching staff. Thirteen clubs returned 196 baseline measures and nine clubs returned 163 post measures. Nineteen programme staff members returned the

programme questionnaires. Limitations of the study included that there was no control or comparison group, and therefore changes within the study period cannot be fully attributed to the IYG programme as they may have been due to other factors. The low response rate at baseline and follow-up also limits generalisability. At baseline, between 167 and 187 participants responded to each item. At follow-up, between 139 and 157 participants responded to each item. This perhaps emphasises the nature of football initiatives (i.e. generally being active and taking place outside) not necessarily being conducive to the completion of measures and questionnaires. Furthermore, because it was not possible to obtain baseline and follow-up measurements from the same participants the changes measured may have been due to a cohort effect rather than individual level change.

Results from the pre- and post-outcome measurement aspect of the study showed a statistically significant increase in the mean score of the personal skills subscale of the RG-UK. Also, participants' individual skills were higher at follow-up. These findings were reinforced by the qualitative aspect of the study, with participants highlighting the value of the football providing opportunity for social contact and physical activity, having previously been inactive and isolated. However, whilst such findings also aligned with Dyer & Mills (2011) in terms of the football providing participants with structure and purpose, and with Darongkamas et al. (2011) and Dyer & Mills (2011) in terms of participation resulting in 'occupational spin-offs', they also provide new knowledge in two respects. Firstly, that the initial increase in social contact and expectation that occurs through participation in the football can be quite difficult, as participants who have previously been inactive and isolated adjust to being and doing with others on a regular basis. Additionally, the study's findings extend those from Darongkamas et al. (2011), in terms of fears that were voiced about the programme and their participation potentially ending. It was not just

programme participants who voiced these fears, they were also echoed within the coaching staff questionnaire responses, emphasising the importance of such football initiatives being sustainable if the perceived or actual risk of closure has the potential to exacerbate mental distress. The findings highlighted the tensions around promoting inclusion through sport participation and such initiatives tending to be funded for specific marginalised groups. Participants in the IYG programme clearly valued the opportunity for friends and family members to potentially participate in the programme alongside them, but the baseline data reported that 30% of the sample did not report having experience of mental distress. While for some this may not have been accurate data due to stigma and under-reporting, it nevertheless suggests that there are issues with grouping individuals in this way, as consequently a significant proportion of participants would not be deemed to be in the programme's target group. This was something that some participants were aware of and voiced during the focus groups. There are therefore tensions and challenges for sport initiatives that are funded based on targeting marginalised groups, whilst also wanting to be accessible and inclusive of all. Furthermore, there are significant limitations to imposed systems of categorisation of disability and health conditions, which participants themselves may not identify with and therefore report within. Linking with the above point, is an appraisal of the research evidence that relates to the issues of power that may arise when seeking to (re)organise participation in sport for and with people with experience of mental distress, which will now be presented below.

2.5.5 Issues of power in (re)organising participation

Whilst the football club detailed in the Darongkamas et al. (2011) paper was originally set up as a voluntary group by and within statutory mental health services, the long-term intention was that service users would subsequently run the club

themselves. However, this intention was not discussed again later in the paper with reference to the study's findings, despite an increase in self-confidence being a prominent finding that would seem particularly relevant to that intention. In addition, using football as a medium through which to re-frame conventional relationship divisions between mental health staff and service users is a theme explored in the mixed methods study by Dyer & Mills (2011). Therefore, mental health staff and people with experience of mental distress playing football together has the potential to break down barriers and span boundaries between these two groups.

Hodgson et al. (2011) present research which further explores issues of power. This research had a specific focus on the factors influencing adherence to, or participation in, a physical activity programme and the perceived effects of such activity on the well-being of 17 participants (three female and 14 male), aged 18-65 who all had experience of severe and enduring mental distress. Participants were recruited from several groups within an established physical activity programme in the NHS in the West of England, which was designed specifically for people with experience of mental distress and featured football as a component. Data was collected via semi-structured interviews and then subject to thematic analysis. Similarly to the Carless & Sparkes (2008) study, this study also emphasised a commitment to giving a voice to people with experience of mental distress, as an often marginalised and seldom heard group of people.

The study's findings are valuable in detailing the complexity of considering factors that influence participation in a physical activity programme, with the effects of psychiatric medication being highlighted as both a barrier and a reason for taking part, in terms of its potentially sedating effects and wishing to counteract its side effects such as weight gain. Medication and the nature of having experience of mental distress were both cited as barriers to participation, as well as related issues

such as unemployment and the expense of and demands of transportation, which draw from a more social model approach. Support was particularly highlighted in the findings of the study, as an important enabler to participation, especially at the initial stages of taking part. However, the voluntary nature of participation in the programme was also valued, as it contrasted with other areas of mental health service delivery that felt more enforced by mental health staff, such as taking medication or being detained in a hospital environment.

Participation in the physical activity programme was identified as evolving over time, as participants' confidence increased, and social bonds were gradually formed. Findings relating to the physical activity programme providing a purpose and structure for those that took part also aligned with findings from the Carless & Douglas (2008a) study and aligned with the idea of participation in sport having a role in developing social capital. Furthermore the motivating value of providing social opportunities and thereby reducing social isolation were emphasised, again confirming findings from the Carless & Douglas (2008a) study. The physical activity was found to provide a distraction and relief from participants' experiences of mental distress. Indeed, mentions of it providing participants' with a sense of regaining normality aligned with the reconnection with past states of being and doing found in the Carless & Douglas (2008b) study.

The study discussed issues in relation to positionality and rigour and acknowledged that the self-selecting sample and all participants' enthusiasm towards the physical activity programme, was likely to suggest that all were positively pre-disposed towards it. This may not have therefore resulted in balanced findings that included those less positively disposed to the programme, or indeed those that had decided to withdraw or not participate at all. Furthermore, the study is limited in the relatively small number of female participants. Linking with the above examination of issues of

power, is the below exploration of research relating to how participation might be organised differently to also enable preventative therapeutic opportunities for people at risk of experiencing mental distress.

2.5.6 Working towards a preventative model of mental distress

In distinction to all of the other literature appraised in this chapter, a study by McGale et al. (2011) was concerned with examining the effectiveness of an intervention involving football (Back of the Net, BTN), as a potential preventative mental health intervention with young men. This is in contrast to the dominant discourse of football being talked about within the mental health literature as a therapeutic intervention with people already experiencing mental distress (Carless & Douglas 2008a; Carless & Douglas 2008b; Carless & Sparkes 2008; Hodgson et al. 2011; Get Set to Go Research Consortium 2017).

The McGale et al. (2011) pilot study took place in Ireland and utilised a ten-week randomised-control study design to investigate the effectiveness of BTN (an intervention that combined team sports such as football with cognitive behavioural techniques), against individual exercise (aerobic and resistance training), and a control group (who refrained from exercise) in enhancing the mental health of young men. One hundred and four sedentary men, aged between 18 and 40 years, were recruited via advertisements placed locally in newspapers, health centres, pubs, restaurants, and local businesses. Participants were required to be aged between 18 and 40 years, have a sedentary lifestyle (currently exercising once per week or less), and not currently receiving any psychiatric treatment. Exclusion criteria included major physical health problems that would prevent participation in exercise for the duration of the study; current drug or alcohol abuse problems, and current

use of antidepressants. The men were then randomly assigned to either the BTN, individual exercise, or a control group.

However, as with all exercise-based intervention studies it was not possible to blind participants in terms of which group that had been allocated to. The study design also included an eight-week post intervention follow-up. Participants completed the Beck Depression Inventory – 2nd Edition (BDI-II), the Social Provisions Scale (SPS) and a short qualitative questionnaire at pre-intervention, week five, post-intervention and at 8-week follow-up.

This study's specific focus on the preventative potential of an intervention involving football sets it apart somewhat from the other five studies reviewed above, which were all concerned with examining football interventions for people with existing experience of mental distress. It is therefore a strength that the McGale et al. (2011) study advanced existing understanding about the potential of using football-based interventions as part of preventative mental health initiatives. The study found exercise-based interventions to be effective in reducing symptoms of depression in a non-clinical sample of community-dwelling men. Participants in both the BTN and the individual exercise groups demonstrated a significant decrease in BDI-II scores compared to the control condition at post-intervention and at 8-week follow-up. The individual exercise group demonstrated significantly greater perceived social support than the BTN condition at week five and the control group at 8-week follow-up.

These findings were also supported by the qualitative data that was gathered.

However, the study's findings are limited by the relatively small final sample size (84 participants, representing 81% of the original sample), which was also concentrated on a specific urban area. Furthermore, the longer-term benefits of the exercise-based interventions (i.e. at 8-week follow-up), should be regarded with caution due to the attrition rate, particularly in relation to the qualitative analysis (33 participants,

representing 39% of the original sample completed). Following an appraisal of the research evidence relating to utilising participation in football as a therapeutic experience for people who experience mental distress and may be at risk of doing so, the next section of the literature review will specifically explore the nature of football and how this relates to its therapeutic potential.

2.5.7 The nature of football as a therapeutic occupation

An earlier qualitative study involving the previously detailed London CTF project (Mason & Holt 2012) might provide an explanation as to why therapeutic football interventions and projects are particularly successful in engaging marginalised groups. The study sought to obtain views on the CTF project's implications for health and well-being, quality of life and social/community relationships. Nineteen people (12 service users, five referrers, and two coaches) participated. Data was collected via interviews, which were then analysed thematically using tools from grounded theory. Critically the study's findings emphasised how significant the activity of football was, in terms of providing a safe place where it was acceptable to shout, scream, and release pent up emotional energy (within the rules of the game), behaviour that would not be acceptable in more conventional therapy settings. The foregrounding of the football, rather than their experiences of mental distress, enabled several participants to report that they felt they had re-connected with a pre-illness identity. For these participants playing football therefore signified a return to health, as the onset of their mental distress had often been a reason for them stopping. Also, the project being orientated around playing football offered participants an alternative identity to being a mental health service user - that of being a football player.

Magee et al's (2015) study provides further understanding in this regard. The study used a qualitative approach to critically examine three anonymised football projects somewhere in England and their effects on three components of mental health recovery – engagement, stigma, and social isolation. These components can also be related to creating an occupationally just society, in terms of fair resources and opportunities for all (Wilcock & Hocking 2015) Two of the projects were charitable, with the third being operated by an NHS mental health trust. The projects combined football coaching and playing with a workshop programme, which focused on educational, vocational and lifestyle/health related issues. Purposive sampling recruited 38 people for interview – 20 participants, five coaching staff members, three project directors, eight mental health professionals, and two NHS directors. Interviews were conducted in the familiar location of the project venue and as the researcher was unfamiliar there was a decision for a project director to be present at all the interviews. However, this was also acknowledged as a limitation in that it may have restricted people in the disclosure of their experiences. The resulting data was subject to thematic analysis.

The study's findings progress the knowledge-base by providing detailed information about the complexity of utilising football within therapeutic projects for people with experience of mental distress and provides a valuable critical perspective. It highlights that the nature of participating in football as a *team* sport, means that team-work, unity, and responsibility are emphasised. Also, similarly to previous research (Carless & Douglas 2008b; Dyer & Mills 2011; Hodgson et al. 2011; Lamont et al. 2017; Mason & Holt 2012), that the football appeared to provide an alternative identity for those that took part. However, where this study extends understanding is that participants also reported that it shifted how they felt they were perceived by others, who they felt would see them with a kit bag and therefore assume they were off to football rather than accessing a mental health project. A

finding relating to the two projects operating separately from mainstream mental health services was that this added a different dimension to participation, with the project seen at least initially by those that took part as a football project rather than a mental health service. This finding is particularly significant given the strategic call for more research that details how participation might be best organised to maximise engagement and related benefits (Department for Culture Media and Sport 2015).

Similarly to Henderson et al (2014) the study's findings also detail the competitive nature of football. It emphasises that this complicates its use within mental health settings as a tool for health enhancement, as it is a game based on a power/performance model of winners and losers, aggressive bodily contact, territory attack and defence. It highlights the need for facilitating staff to strike a careful balance, as there is potential for anger and violence, and implications for self-esteem when on the losing side and the subject of football banter. For some people competition may increase self-esteem and enjoyment, but for others it may be an alienating experience that further marginalises them. Such findings therefore further highlight the limitations of a discourse that presents participation in sport as a universal panacea for people with experience of mental distress (British Medical Association 2014; Hagell 2016; Royal College of Psychiatrists 2012b; Royal College of Psychiatrists 2013). This critical perspective is extended by an acknowledgment that the football projects are both limited and limiting by a biomedical and individualised approach to mental health recovery. This means that the broader social and structural contexts of mental distress are side-lined. Indeed, it was noted that the projects do not actively promote social interaction between clients and those that do not have experience of mental distress. Therefore, perpetuating the social processes relating to stigma and marginalisation. This perspective can also be linked to the findings in Henderson et al's (2014) study, in terms of disability sport funding arrangements tending to be condition specific. Resulting sports projects

(such as many of those discussed above) therefore operate in a way that perpetuates segregation for groups of people that are already marginalised, such as those who experience mental distress.

In comparison, McElroy et al. (2008) detail an evaluation of another UK football for mental health initiative, termed the It's a Goal project, which was co-produced by Macclesfield Town FC and Grassroots Initiatives, a small, use-led, voluntary organisation. The study was concerned with evaluating the impact of the It's a Goal project on the emotional health and well-being of those people who were involved in the league. Data was collected via a questionnaire from 131 players, aged 16-65. The data analysis methods were not specified but the questionnaire design was reported to use Likert scales and most of the findings have been summarised by descriptive statistics with four over-arching themes (health improvement; the internal experience; inclusion; and confidence/security). Of those that took part, 81% reported an improvement in physical health and 90% felt their mental health had improved. Aligning with previous research, the demographics that the questionnaire collected also demonstrated the project's strength in engaging people from a range of racial and cultural backgrounds. 66% of participants felt that their participation in the It's a Goal project was a factor in preventing admission, concurring with findings by Hynes (2010), which will be further detailed below. Interestingly only 57% reported feeling more tolerant of others, in terms of aggressive feelings and feelings of irritation. Perhaps again connecting with issues around football being a competitive sport, although it is difficult to draw such conclusions from purely quantitative data. It is a weakness of how the study is reported that the findings and their relevance to other literature are not detailed in any great depth. Overall, the ethos of the project being co-produced appears limited by the individualised and biomedical approach that is taken to evaluating its outcomes, as such an approach does not report the broader social outcomes that may have resulted from

undertaking the project in this way. For example, whether it had shifted perceptions and attitudes towards people with mental distress within the wider context of Macclesfield Town FC and the wider community.

Oldknow & Grant (2008) evaluated the REACT (recreational enterprise assisted client training) programme in the UK, a service user led football initiative, which also had links with professional football clubs, Doncaster Rovers and Everton FC. Very little information is provided about the study's methodology and methods, but it is believed to be a service evaluation rather than a formalised research study, with the data derived from annual evaluations that the players completed. The number of participants is not detailed, nor how they were recruited.

Similarly to Henderson et al (2014) and Magee et al (2015), this study found that the competitive nature of the football could prove problematic for some players. Whilst some were excited about the prospect of playing football against other teams (external to the REACT) other players felt daunted and feared their skill level was not sufficient. This finding highlighted the complexity of extending social interaction outside of the project, which was discussed by Henderson et al (2014) and Magee et al (2015) as a potential limitation in terms of exclusive mental health football projects perpetuating marginalisation. Furthermore, the authenticity that was outlined by Hynes (2008) in relation to upholding the FA rules is also discussed in this study's findings, in terms of the value players attached to the links REACT had with high profile and premier league football clubs. Participants reported that this both provided them with new experiences (in terms of the opportunity to visit the grounds, for example) and was a sign that things were 'being taken seriously'. The findings also confirm previous research findings in terms of 'occupational spin-offs' (Darongkamas et al. 2011; Dyer & Mills 2011; Friedrich & Mason 2017a; Henderson et al. 2014), as participants reported that they valued the opportunity to broaden their skills and

experience by taking up opportunities to develop photographic, printing, and PR skills, in relation to the REACT programme. Such opportunities in the case of this study were likely to arise from its nature of being service user led.

To date there has been just one published review that sought to bring together the empirical evidence concerned with football-based interventions for people who have experience of mental distress (Friedrich & Mason 2017b). The review brings together published, peer reviewed literature, which is concerned with engaging people with experience of mental distress in football-based interventions as an adjunct to conventional mental health treatment. However, it is specific in focusing on football-based interventions that involve active participation not, for example, watching football or using football as a metaphor within a conventional counselling or therapy context. Sixteen studies were identified for inclusion in the review, which explored 15 football projects for or with people with experience of mental distress (two studies were concerned with the same community football project). Twelve of the studies were qualitative, one was quantitative, and three used mixed methods. Fourteen of the studies related to football projects in the UK, with the remaining two being in Australia and Brazil. However, the outcomes of the quantitative studies were mixed in comparison to the qualitative studies, and the review called for more quantitative research to triangulate the qualitative findings with. Some included studies lacked methodological detail and were therefore difficult to appraise. The collective number of participants from all the papers included in the review was not provided.

Although the review claims to provide a comprehensive and systematic overview of the empirical evidence it does contain some significant limitations and omissions. Firstly, the review includes literature published over 10 years ago, although in the health professions a 10-year publication period is usually employed when reviewing

literature, to ensure currency of the knowledge contained. This means the review includes four papers (Butterly et al. 2006; Carter-Morris & Faulkner 2003; O’Kane & McKenna 2002; Steckley 2005) that have been excluded from the review in this thesis on the basis of being too old. Furthermore, the review omits seven papers that are specifically concerned with exploring football-based interventions for people with experience of mental distress (Dyer & Mills 2011; Friedrich & Mason 2017a; Friedrich & Mason 2017b; Friedrich & Mason 2018; Hynes 2010; Lamont et al. 2017; Moloney & Rohde 2017) although five of these were published either in the same year or the year after the review, which probably explains their absence. All seven of these papers have been included in the review in this thesis. The review acknowledges that it may have overlooked literature that includes football as a component of a broader physical activity programme, and indeed there are four omissions on this basis that have been included in the review in this thesis (Carless & Douglas 2008a; Get Set to Go Research Consortium 2017; Hodgson et al. 2011; McGale et al. 2011).

In summary, Friedrich & Mason (2017b) provide a helpful review of some of the empirical evidence concerning football-based interventions for people with experience of mental health problems. However, as the above appraisal has detailed, it should only be considered as a partial review due to the limitations and omissions it contains. To further extend the above appraisal of research evidence relating to the therapeutic use of football by and for people with experience of mental distress, prior research involving the PMA will now be appraised below.

2.5.8 Prior research into the PMA

The complexity of operationalising inclusive sport and a social model approach to mental distress has been detailed in two papers about the PMA that were authored by its founder, Janette Hynes (Hynes 2008; Hynes 2010). The papers detail a concern with creating a football project that is accessible to and inclusive of people with experience of mental distress, whilst simultaneously upholding the authenticity of the game. The Hynes (2008) paper presents service evaluation data and the outcomes derived from participation in the PMA. It describes how the Football Association rules (The Football Association 2017) were adapted at the PMA to ensure the game was accessible and inclusive for people with experience of mental distress. In practical terms this meant that, in comparison to the FA rules, the duration of a PMA game was shorter; that there was a slightly increased break between the two halves; that there were more players and substitutes; and that once substituted players could rest for as long as they needed and then return to play. In every other way the league abided by the FA rules.

At the time of this 2008 publication the PMA was operating as a London-wide football league, consisting of teams that were made up of players experiencing or recovering from mental distress. There were two leagues, with six teams in each league and each team representing a different NHS mental health trust. Therefore, at this stage the PMA had a relatively close and formalised relationship with statutory mental health services. Players trained on a once or twice weekly basis, with matches monthly, both home and away, utilising mainstream football venues and pitches. At that point 350 people had participated in the PMA and 75% of them were reported to have subsequently taken up some form of employment or educational opportunity. The paper also includes three player case-studies, which outline the various benefits

they derived from the involvement in the league, such as a coaching qualification and employment. However, it is acknowledged that this was a report of service evaluation data rather than a formalised research study, and there are issues with attributing such outcomes purely to participation in the PMA as other factors and interventions may have contributed.

By the time of the Hynes (2010) publication the PMA was operating as a community interest company. A strength of this paper is that it provides a national picture of what was happening in relation to footballing initiatives for people with experience of mental distress, as it details data collected at a series of five, one-day mental health and sport awareness workshops. Invitations to participate in the workshops were sent to mental health services running football groups, community amateur and professional football clubs who wanted to include mental health within their remit, and local and national FA coaches. Just under 150 people participated in the workshops and the findings revealed a lack of overall co-ordination and structure, regionally and nationally, in terms of football initiatives for people with experience of mental distress. It was identified that most of the football initiatives were operating within inpatient mental health services, which specialised in mental health but not sport. However, this provision did not continue once discharged from inpatient services and community-based football initiatives were lacking. There was a particularly glaring gap identified within disability sport initiatives, with an absence of appropriate provision for people with experience of mental distress. Attracting funding and getting people to appreciate the benefits of providing mental health services differently were outlined as ongoing challenges for the PMA, which at the time of the 2008 publication was in the early stages of becoming a charity in an attempt to secure its financial future. Of interest is that the emphasis of this paper is on establishing specific football provision for people with experience of mental distress, rather than making existing football provision more inclusive.

Involvement outcomes for 16 PMA players over a 12-month period are detailed, with all 16 engaged in some form of education or employment related activity after 12 months of involvement. Data is also provided regarding significant reductions in hospital admissions for 10 players over a six-year period. However, such data should be read with caution as there are no details as to how the sample was selected, if it was representative of the wider group of PMA players, and there was also no control or comparison group.

The research evidence relating to the therapeutic use of football by and for people with experience of mental distress will now be summarised below, along with identified knowledge gaps.

2.6 Summary of the therapeutic use of football by and for people with experience of mental distress

The above literature review provides the context for the PMA study and has established that there is preliminary evidence that football-based interventions for people with experience of mental distress provide a plethora of benefits and outcomes that relate to individual's physical health, emotional well-being, and social context. Participation is believed to evolve over time, with support being identified as particularly integral to sustaining participation. Taking part in a defined football project appears to provide people with experience of mental distress with structure and purpose. Furthermore, the focus on football provides the opportunity to background their mental health experiences and to (re)construct an alternative identity as a football player. Ultimately involvement can lead to a range of 'occupational spin-offs', as people use the safe base that the projects appear to provide to explore other opportunities, such as social opportunities that arise through

the new relationships they have made. However, constructing football-based initiatives and interventions for people with experience of mental distress is not without its tensions and challenges. Indeed, the competitive nature of the game needs to be carefully balanced, on an ongoing basis, with an inclusive and therapeutic ethos. At times increases in social contact and expectation can also exacerbate mental distress.

Research to date has, however, been overly focused on exploring topics and outcomes that have been set by professional researchers and/or the people responsible for delivering such interventions. People with experience of mental distress who have an interest in participating in football for therapeutic means and ends have thus far had very little involvement in the research studies detailed above, beyond being a research participant in the conventional sense. Therefore, research that utilises a participatory methodology is needed, to redress power imbalances inherent in health research and knowledge production, and to ensure that knowledge is advanced in directions that are meaningful to the everyday lives of those people who are its focus. This current bias within the existing knowledge base perhaps explains why the research to date is also overly focused on the outcomes of football-based interventions. Under explored is the nature of participation, and the many factors that might mediate the relationship between organised physical activity and experience of mental distress. Most of the research has been conducted in the UK.

Furthermore, research to date has had a tendency to approach participation in football from a treatment context, with it being constructed as an adjunct intervention to conventional mental health treatment. Although there has been some acknowledgement of the value of more recovery orientated football interventions in countering other interventions that are more deficit orientated, this has very rarely

extended to explicit discussion or action in terms of the social processes surrounding experiences of mental distress. Consequently, the full range of factors that challenge and hinder participation in sport for people with experience of mental distress are underexplored. Additionally, the complexity of using a competitive, team-based sport for therapeutic means and ends is overlooked, as to date research has tended to focus almost exclusively on exploring the positive outcomes derived. Several of the studies appraised above have detailed the lack of research that is longitudinal in design, with calls for future research to explore participation in football after formal involvement in a project or intervention has ceased. Furthermore, many of the studies have excluded people from the research who have chosen to leave the project and/or not completed a minimum number of sessions, thus obscuring the perspectives of those that might find continued and regular participation challenging.

In relation to the above, there have been calls by people with experience of mental distress, for mental health research to be more collaborative and participatory in nature. They have called for it to explore the inequalities and barriers people with experience of mental distress encounter, and for it to examine alternative therapeutic approaches that do not fall into more dominant medical or talking therapy approaches, such as sport and physical activity (Hart et al. 2016).

2.7 The collaborative construction of the PMA research question and aims

The above knowledge base, knowledge gaps, and the resulting broad research topic, was discussed and further refined as part of the Research Steering Group at the PMA. The membership and practices of the Research Steering Group are detailed in depth in chapter four, but in summary it consisted of myself and several

players from the PMA. In the Research Steering Group there was a strong desire for the PMA study to go beyond exploring how participation in the PMA might alleviate symptoms, impairment, and dysfunction, to examine how it might also contribute to meaning, purpose, success, and satisfaction in the lives of those that took part. Or as one steering group member would frequently refer to it 'the PMA methods'. We met regularly to enable a collaborative dialogue about what issues and topics were important to the organisation and therefore worthy of research. I also summarised and fed into the group relevant literature, such as some of the studies detailed above. Our work ultimately enabled the establishment of the study's overarching research questions and three related aims, which are detailed below.

2.7.1 Research question

What is the nature and value of participation in the Positive Mental Attitude (PMA) Sports Academy from the perspectives of those that take part?

2.7.2 Research aims

1. To investigate the nature of taking part in the PMA Sports Academy, as an organisation that seeks to support participation in football for people with experience of mental distress
2. To identify how such participation might at times be restricted, as well as enabled, and best organised for people with experience of mental distress
3. To critically analyse what value people derive from taking part in the PMA

The next chapter of this thesis will outline the methodology that underpinned the PMA research study.

Chapter 3: Methodology

3.0 Introduction

This chapter begins by outlining the ontological, epistemological, and methodological assumptions that underpin the research processes of this study. It provides an overview of the study design and outlines how distinctive methods interact with the different sets of findings presented in chapters five, seven, and eight. This chapter also details the composition, formation and working practices of the Research Steering Group, which shaped decision-making throughout the research process. A discussion of the study's ethical and quality issues concludes the chapter.

3.1 Ontology, epistemology and methodology

3.1.1 Ontology

Ontology is concerned with the nature of social reality. The ontological position adopted for this study was one of relativism, which is based on a belief that reality is a social construction. Relativism asserts that there are no absolute truths, but rather that there are only truths constructed by various individuals, communities, and cultures at specific points and places in time. Reality is shaped by context, space, time, and the individuals or groups in each situation (Burr 2015). Therefore, what is regarded as true can shift over time and place and cannot be generalised into one common reality (Carpenter & Suto 2008). Indeed, although the notion of truth and accuracy may be achieved within a given community or tradition at a point in time, this occurs only as a product of a community of agreement, and there is a complete rejection of the idea of a transcending truth (Gergen & Gergen 2015).

Therefore, this study seeks to explore social constructions of knowledge in terms of the various accounts that people with experience of mental distress might give and co-create, in relation to the nature and value of them participating in the PMA. This position also links back to, and allows for, the contested nature of mental distress, which was detailed in chapters one and two.

Ontology, epistemology, and methodology are inextricably linked, although still distinct from each other. As depicted by their presentation in this chapter, they are also directional: ontology precedes epistemology, and epistemology precedes methodology. Coherence within epistemology, methodology, and methods is considered a dimension of determining the quality and trustworthiness of qualitative research, which will be discussed later in this chapter.

3.1.2 Epistemology

Epistemology is concerned with the nature of knowledge and the process by which knowledge is acquired (Carpenter & Suto 2008). This study draws from the theoretical paradigms of social constructionism and critical theory.

Social constructionism rejects the positivist assumptions of a single reality and truth, that can be reduced or approximated, and instead asserts that knowledge is constructed from increasingly nuanced reconstructions of group and individual experiences (Burr 2014). Therefore, social constructionists view knowledge and truth as created not discovered by the mind. A social construct or construction of knowledge is concerned with the meaning, notion or connotation placed on an object or event by a society, which is then adopted by the individuals within that society in relation to how they view or deal with the object or event (Burr 2015).

There is no one single feature that could be said to identify a social constructionist approach, but we can loosely think of it as any approach that has at its basis in one or more of the following features: A critical stance towards taken for granted knowledge; historical and cultural specificity; knowledge is sustained by social processes; and that knowledge and social action go together, in that constructions of the world sustain and exclude different patterns of social action (Burr 2015, p2).

There have been three quite independent movements located within social constructionism: critical, literary, and social (Gergen & Gergen 2015). This study draws from the critical movement within social constructionist inquiry because it is concerned with how power relations shape and privilege social constructions. Critical social constructionism can be understood as the ideological critique of dominant accounts of the world, including those of positivism and empirical sciences. This movement holds that there are numerous possible social constructions of the world and makes a connection between differing social constructions and the different forms of action that result. For example, if mental distress is constructed from a narrow, biomedical understanding then the resulting action (or interventions) that follow are likely to be individualised and focused around medical treatments for mental distress, such as the prescription of medication. In comparison, constructing mental distress as a broader social issue, could lead to action that is focused around community-based interventions, such as campaigns to ensure community facilities are welcoming, accessible, and inclusive of people with experience of mental distress. Therefore our constructions of the world are integral to power relations, because they have implications for what is deemed permissible for different groups of people and individuals to do (Burr 2015). Such a stance also links back to the concept of occupational justice, which was detailed in the previous chapter, in terms of seeking to address injustices in what people are able to do (Hammell & Beagan 2017; Hocking 2017).

The other theoretical paradigm that this study draws from is that of critical theory, which is defined as being concerned with '*...issues of power and justice and the ways that the economy, matters of race, class, and gender, ideologies, discourses, education, religion, and other social institutions and culture dynamics interact to construct a social system*' (Kincheloe & McLaren 2005 p306). Critical theory has an emphasis on practices and concepts that enlighten and emancipate individuals and groups and uncover hidden power relations. It is concerned with working towards social justice. This theoretical paradigm is felt to be relevant to this research study in terms of the involvement of people with experience of mental distress, as a group of people that are often marginalised and subjugated by society (Beresford 2013). In particular, and as outlined in the first chapter of this thesis, throughout this research study I sought to address issues of power by positioning those people with experience of mental distress who took part as 'seldom heard' rather than 'hard to reach'. Such positioning sought to move the emphasis from a group of people with a shared characteristic being inaccessible to researchers, to the need for researchers to carefully consider how they meaningfully involve such marginalised groups throughout the research process (Bryant et al, 2017; Redwood et al. 2012).

Therefore, social constructionism and critical theory align with the collaborative way in which this study came about and the philosophy of the PMA in terms of it seeking to address issues of power. In summary both social constructionism and critical theory assume that knowledge and understanding are co-constructed and produced through the equitable human relationships between researchers and participants. This commitment to the collective and collaborative construction of knowledge will now be further detailed in relation to the study's chosen methodology.

3.1.3 Methodology

Methodology is concerned with the design of the research and the methods of data analysis. Participatory action research (PAR) is the methodology chosen for this research study. PAR exists within a broad and diverse group of action research practices (Bradbury-Huang 2010). This type of research arose from dissatisfaction with the narrow research subject role and a wish for active participation and emancipation, in order to achieve meaningful social change (Beresford 2005; Beresford 2013). Indeed, in the service user and survivor-led research literature Beresford (2005) has challenged the dominant positivist paradigm and stated: *'...the shorter the distance there is between direct experience and its interpretation (as for example can be offered by user involvement in research and particularly user controlled research), then the less distorted, inaccurate and damaging resulting knowledge is likely to be'* (p7).

This concern with democracy and the devolution of power in terms of knowledge generation is a defining feature of both action research and service user and survivor-led research. Therefore, linking closely with the assumptions that underpin the theoretical paradigms of social constructionism and critical theory outlined above. However, many different interpretations of these approaches to research exist and Bradbury-Huang (2010) has encouraged researchers to consider participant engagement as occurring along a continuum; where at one end participants are only involved in the decisions that it is absolutely necessary for them to be involved in, and at the other end where they are actively engaged as co-researchers who contribute ideas, make decisions and potentially take the project in new directions. This research study took place at different points on the continuum at different moments in time, depending on what activity was being completed in relation to the

study and how and when people were taking part. This will be discussed in greater depth in the next chapter of this thesis, in relation to the Research Steering Group.

This chapter will now briefly outline action research as the overarching group of action research practices, before going on to detail PAR in more detail, as the chosen methodology for this study.

3.1.3.1 Action research

Lewin, a social psychologist, first coined the term action research in his 1946 paper *Action Research and Minority Problems* (Lewin 1946b) and is widely considered to be the founder of the action research methodology. Since then several different forms of inquiry that are action orientated have been developed from Lewin's work, which have a range of underpinning assumptions and theoretical traditions. Action research is generally considered to be a style of or approach to research, and its contribution lies in the empowerment of those involved and generating solutions to practical problems or gaining a greater understanding of their identified issue (Meyer 2000; Munn-Giddings et al. 2008). A significant branch of action research that was developed from Lewin's work was led by Freire, an educationalist, who conducted action research with oppressed people in some of the poorest areas of Brazil in the 1960s. In comparison to Lewin's action research with community action groups in the United States, which did not involve participants in setting the agenda or making decisions, Freire's research in Brazil was conducted with oppressed groups being actively involved in all stages, enabling them to collectively address issues of concern and transform their own lives (Carpenter & Suto 2008). This concern with enabling participants to transform their own life through the action research process links to the form of action research that was utilised in this study, PAR.

3.1.3.2 Participatory action research as a research methodology

Participatory action research (PAR) has been defined as:

“...a process in which ‘we’, researchers and participants, systematically work together in cycles to explore concerns, claims or issues that impact upon or disrupt people’s lives” (Koch & Kralik 2006 p27).

It is described as having the following four characteristics:

“Democratic, enabling the participation of all people. *Equitable*, acknowledging of people’s equality of worth. *Liberating*, providing freedom from oppressive, debilitating conditions *and Life enhancing*, enabling the expression of people’s full potential” (Koch & Kralik 2006 p27).

This study utilises PAR as an epistemological choice. Its selection as the study’s methodology is reflective of the research originally being initiated by the PMA. A distinction has been made between researchers taking up PAR primarily as a methodological choice and those using it as an epistemological choice. Researchers utilising PAR as a method are likely to do so from a post-positivist perspective, in an attempt to increase the validity of data. For example, researchers utilising PAR from this post-positivist perspective might do so to identify best practices, which can then lead to universal claims and the generalisability of knowledge (Koch & Kralik 2006). In comparison, those researchers who choose PAR as an epistemological choice, will have a concern for addressing the distribution of power and how knowledge is co-constructed and produced through relationships between researchers and participants, and the values that shape these relationships.

PAR can therefore be understood as both a theoretical standpoint and a collaborative methodology. The plan-act-reflect cycles of PAR may involve participants in any or all stages of the research process, and multiple methods of data collection are often used, including interviews, focus groups, photo projects,

and community mapping. PAR does not dictate particular data collection or analysis methods, in order for those involved in the research to decide which methods are most accessible, inclusive, and relevant for the particular study (Langhout & Thomas 2010). Researchers are encouraged to closely examine the assumptions and values that underpin the research paradigms they intend to utilise, to ensure that they understand how their choice will shape subsequent research and action.

Furthermore, the cycles of action that occurred within the PMA study often evolved into spirals, as reflection led to re-planning and therefore a continuation of the cycle.

3.1.3.3 PAR and researching with people with experience of mental distress

Participatory action research has been identified as particularly suitable for researching with marginalised and oppressed groups (McIntyre 2008; Bryant et al. 2010). The PMA study had a philosophical commitment to giving voice to a seldom heard and frequently marginalised group of people, those with experience of mental distress (Rugkåsa & Canvin 2011). The exclusion of any group of people or section of the population from health research is problematic on two particular counts, firstly because the exclusion undermines the reliability, validity, and generalisability of any resulting research findings, and also because it exacerbates health inequalities in terms of research influencing the access and allocation of power and resources in relation to health (Redwood et al. 2012). The term 'hard to reach' has become synonymous with such exclusions, in terms of describing groups of people with whom conventional approaches to contact and engagement do not work. However, the term 'hard to reach' has also been criticised in the literature, for potentially placing the blame for being hard to reach within the group itself, and also because the term suggests homogeneity across and within such groups. Instead the term 'seldom heard' is suggested, to shift the emphasis on to us as researchers to

carefully consider how we meaningfully involve such marginalised groups through the research process (Redwood et al. 2012).

Such potential exclusion can be linked to the issue of 'othering' in relation to research and subsequent policy making. Whether exclusion is unplanned or inadvertent, policy makers will be uninformed by the experiences and data of these groups, and their status as seldom heard, marginal, and/or 'other' is reinforced (Beresford 2013). The risk with such research and resulting policymaking is therefore that the discourses of other groups, or the policymakers themselves, dominates and does not enable a more diverse and inclusive examination of the topic or issue concerned. Meanwhile the marginalisation of the seldom heard group is reinforced and perpetuated (Redwood et al. 2012). Therefore PAR often has an emancipatory purpose, of giving voice to seldom heard and marginalised groups of people (Bryant et al. 2017).

3.1.3.4 Criticisms of PAR

Criticisms of PAR include its unpredictable, open-ended, and time-consuming nature. Indeed, Klocker (2012) discussed the tensions inherent in completing a PAR study whilst also being beholden to the time-scales and requirements of a PhD. Such tensions can be considered particularly relevant to researching with people with experience of mental distress, who may experience fluctuations in their health and motivation. However, whilst acknowledging that having sufficient time to build relationships, fulfil the 'action' dimension of PAR, and complete within doctoral study time-scales could be a challenge, Klocker (2012) also offers an alternative perspective that the thesis can discuss action as continuing after submission and that any funded research study is likely to have time-scales attached, whether being completed for a doctorate or not. Furthermore, they suggest that the time-saving

potential of PAR is often overlooked, in terms of once relationships have been established you can gain a great deal from the collective discussions and learning that takes place, that might otherwise require considerable reading and/or the formal creation of interview scenarios.

PAR has also encountered criticism for being insufficiently scientific and lacking rigour (Gergen & Gergen 2015). It has also been suggested that in the era of the neo-liberal university it is increasingly difficult *“to build a career in activist research”* (Moss 2009, p68), as if academic excellence and participatory activism are opposing poles. Darby (2017) countered this criticism by arguing that the PAR processes of negotiating values, aims, and power relations are essential to producing ethical and relevant impacts with research participants. Indeed, they suggest that the impacts arising from PAR studies have a particular value in being responsive and relational because they are rooted in reciprocal collaboration. This is reinforced by Meyer (2000) who argued that the ‘action’ component of action research means it makes a simultaneous contribution to knowledge and changes practice, potentially circumventing some of the issues associated with more conventional forms of research and research implementation. However, there are still issues with the limited status given to PAR study participants who do not occupy mainstream positions with the academy (Gaventa & Cornwall 2006). This also connects with issues around ownership and authorship that can be encountered when conducting PAR (Klocker 2012), and contested issues of power and exploitation (Smith et al. 2010).

Additionally, a criticism that is often voiced within positivist research circles is that, in comparison to positivist research, PAR does not allow for the accumulation of knowledge. Within continued hypothesis testing research it is claimed that it is possible to make increasingly better predictions and advances in knowledge about

restricted types of behaviour (such as the effect of a drug) whilst it is claimed that the knowledge gained from PAR is not cumulative (Gergen & Gergen 2015). However, this assertion can be challenged first in terms of the narrow privileging of prediction and control, and because there is very real potential for PAR to contribute to advances in knowledge over time (Meyer 2000). For example, in relation to the various ways in which researchers and people with experience of mental distress may work together to explore certain issues.

The next section of this chapter will outline the contribution of the work of Foucault, in relation to the data analysis of the second and third strands. This is being presented here somewhat out of turn (i.e. before the full outline of the first strand data collection and analysis) because it is felt to be relevant to the general methodological position of the study that is being explained here.

3.1.3.5 Foucault and PAR

Although we discussed different forms of data analysis as possibilities within the Research Steering Group, it was indicated by the other group members that this was an area in which I should make the final decision due to my prior research experience. Once the focus of the PMA study had been agreed, and the initial stages of data collection had been carried out, I made a decision to use discourse analysis as the method of data analysis for the second and third strands of data collection. The Research Steering Group discussions and agreement relating to this decision are detailed fully in Chapter five and six. Discourse analysis is not to be used as a method of analysis detached from its theoretical and methodological foundations (Jørgensen & Phillips 2002) and therefore a brief overview of it is included within this methodological chapter, in order to discuss its epistemological fit with the broader PMA study.

My decision to use discourse analysis was motivated by the potential for this data analysis method to explore issues of power and disempowerment. In particular to illuminate diverse and often marginalised voices within a seldom heard and often disempowered group of people – those with experience of mental distress (Beresford 2013; Rugkåsa & Canvin 2011). We were also attracted by Foucault's refusal to formalise discourse analysis as a defined process, instead referring to it as an approach, which is to be interpreted and operationalised according to the research question and context. We felt this openness to interpretation aligned with PAR in terms of not dictating specific data collection or analysis methods (Langhout & Thomas 2010), and lent itself to the evolving nature of the study's approach, and the creative methods of data collection that we employed in the first strand.

The tendency for discourse analysis studies to not involve participant validation, let alone other forms of involvement, has been discussed within the literature (Harper 2003). Such discussions highlight some of the practical and ethical complexities of asking participants to validate their position within discourse(s) when this may not be something they are consciously aware of. However, a challenge to this position are suggestions that discourse analysis could actually be used as a tool for social action, which would move it beyond discussions about the potential of participant validation, to more collaborative forms of research (Harper 2008). In particular Willig (1999) suggests that the process of conducting a collaborative study using discourse analysis can enable consciousness raising, as those involved explore the ways in which they might be constrained or enabled by certain discourses. For example, in terms of this study discourse analysis was utilised as a tool for enabling the seldom heard groups of people with experience of mental distress to explore, and potentially challenge, the subtle ways in which they might be marginalised by dominant systems

and practices in relation to their participation in sport and physical activity.

Furthermore there are published examples of such studies taking place (Mancini 2011).

Following an explanation of this study's methodological position, its design will now be detailed below.

3.2 Research design

The primary focus of this study was people's participation in the PMA Sports Academy. Over a period of several months myself, and several staff members and players from the PMA, set about planning how we would complete a research study together. From these meetings and discussions, it quickly became apparent to me that there was a strong organisational wish for someone to do a research study *with* the PMA, as opposed to *on* it. Such a situation also provided coherence with the selection of a PAR methodology. I was also conscious of the particular value of the research impetus arising from the organisation itself, as this has been discussed within the literature as particularly hard to achieve in relation to PhD studies (Klocker 2012).

This research study aimed to address the overarching research question:

- What is the nature and value of participation in the Positive Mental Attitude (PMA) Sports Academy from the perspectives of those that take part?

The study's research design was not fully specified from the beginning due to its collaborative epistemology and PAR methodology. Instead the design was discussed and negotiated within the Research Steering Group, and therefore emerged alongside our central commitment to the co-construction of knowledge. We

completed the action research cycles of planning, acting, and reflecting over a period of six years and amongst considerable change across the PMA as an organisation, as well as those people that took part and also in my own life. This means that the work undertaken in relation to this study is not easily or neatly divided into 'methods' and 'findings'. However, I have done my best to present the research activities accurately whilst also constructing an accessible and logical structure.

The composition, formation and working practices of the Research Steering Group will be detailed in greater depth later in this chapter and in Chapter 8, but ultimately the study used a multi-stage design consisting of three inter-related strands: the World Café events; the walking interviews; and the follow-up walking interviews. It was designed in this way to ensure it was as accessible and inclusive as possible and that it enabled different ways of being involved across different time points. This was also a strength of the PAR methodology, in terms of it being well suited to incorporate flexible, creative methods. Data collection methods were chosen, planned and carried out with the involvement of the Research Steering Group and with the intention of being accessible and inclusive, by adopting approaches to data collection that were in tune with participants' lives and values (Redwood et al. 2012). We felt that this was important because although knowledge was co-constructed it was also inevitable that changes in health and life circumstance meant people's involvement changed over the course of the study, and the study's underpinning methodology and design needed to be inclusive enough to allow for that. For example, that people could leave and later re-join the Research Steering Group, and that people could participate in just one or both of the second and third strand walking interview opportunities. Design flexibility was also further warranted due to the relatively unexplored nature of the PMA, and more broadly the nature and value of participation in sport for people with experience of mental distress, as

demonstrated in preceding literature review chapter. The study is therefore exploratory and inductive.

The first strand utilised a World Café method (Brown & Isaacs 2005; Brown & Isaacs 2010); the second strand involved in-depth qualitative walking interviews (Chang 2016; Clark & Emmel 2010; Emmel & Clark 2009); and there was also a third follow-up walking interview strand. The third strand was a follow-up because it took place after the group of football players had transitioned from participating in football as part of the PMA as a formal charitable project, to becoming a self-organising community-based football team who meet weekly. This reflective and evaluative approach to data collection also fits with the study's PAR methodology. Full details of the methods used in each strand are provided in chapters four and six.

The design, progression, and ongoing involvement of the Research Steering Group is depicted in figure 3.1. The diagram depicts the cycles of planning, action, and reflection, and how these align with the study's three strands and the overall research process.

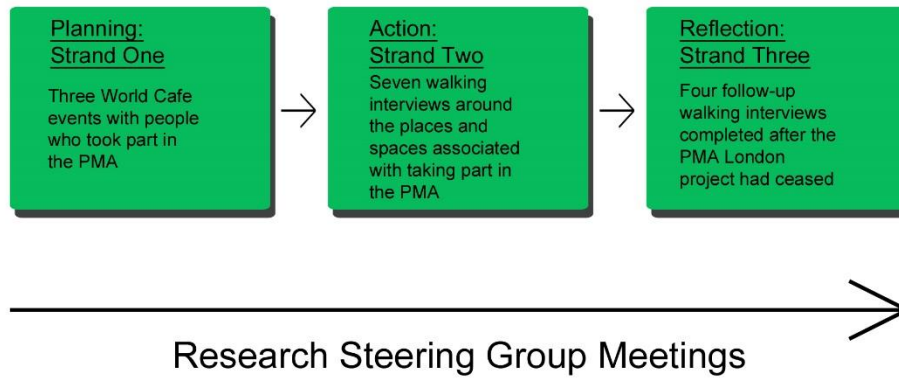


Fig. 3.1 Overview of the PMA research study design

The following diagram depicts how the different chapters of the thesis relate to and inform each other. Chapter three provides the philosophical underpinnings for the methods contained in chapters four and six, whilst the reflective eighth chapter draws upon the entire research process and therefore has relevance to all the other chapters. The findings of the first strand informed the methods of the second and third strands.

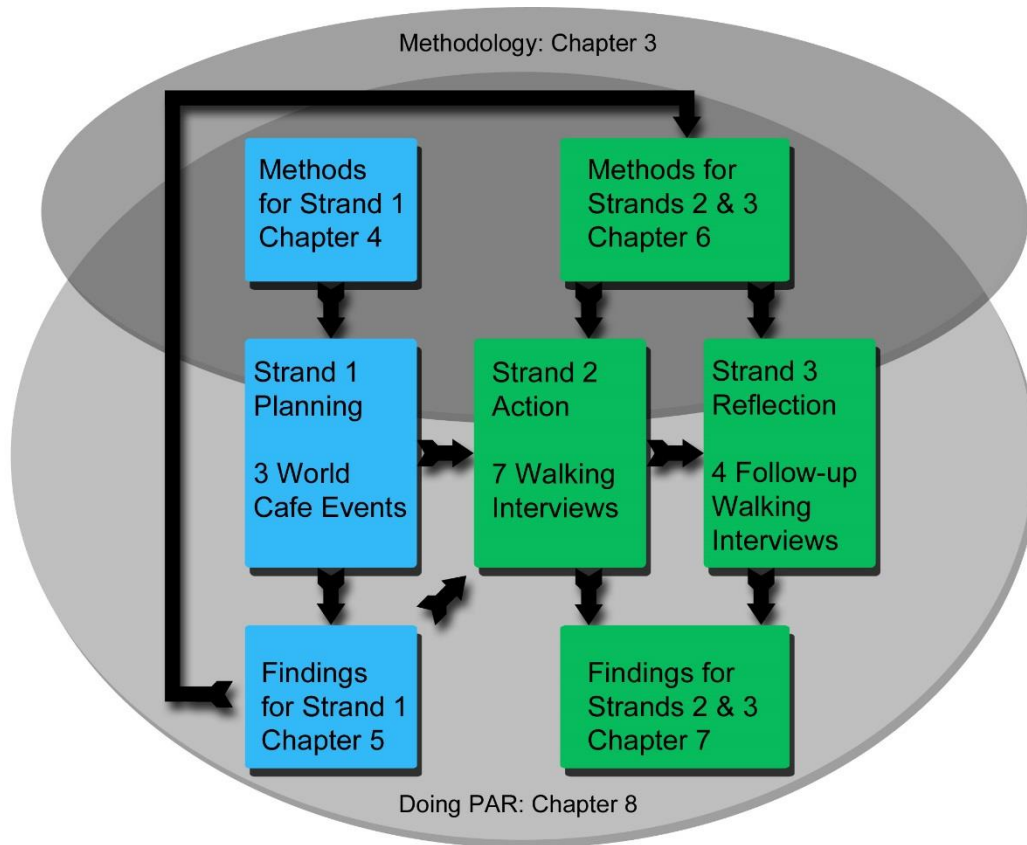


Fig. 3.2 Diagram depicting the relationship between methods and findings

The methodology of PAR and the eventual construction of these early discussions into a formalised Research Steering Group will now be outlined in greater detail below.

3.3 The Research Steering Group

To meaningfully enact the study's PAR methodology a Research Steering Group was formed immediately following the decision that a research study would be taking place with the PMA, which was led by myself in fulfilment of my PhD, in terms of ensuring timeframes and requirements such as research ethics approval. Such timescales and requirements were discussed at frequent intervals within the group,

in order to be transparent, as discussed by Klocker (2012). As suggested by Meyer (2000) we discussed and agreed a series of ground rules (Appendix C) in order to address issues of power, and clarify expectations and roles within the Research Steering Group. For example, that mobile phones would be off or on silent, and that only one person was to speak at any one time.

At this time a version of the participation continuum described by Bradbury-Huang (2010, p102) was shared within the group, in order for us to think about and discuss how different activities and points of the study were occurring in relation to the continuum. The diagram depicts different types of involvement and we agreed that a distinguishing feature of the study would be that everyone in the Research Steering Group had access to decision-making, but that involvement would be negotiated rather than assumed. For example, some research tasks were perceived to be time-consuming and arduous, and therefore some group members declined active involvement and took on more of a 'consultation' role (for example, in relation to obtaining research ethics approval) whilst at other times we undertook research tasks in 'collaboration' (for example planning the data analysis of the second and third strands). A copy of the visual continuum diagram that was shared with the Research Steering Group is provided below.

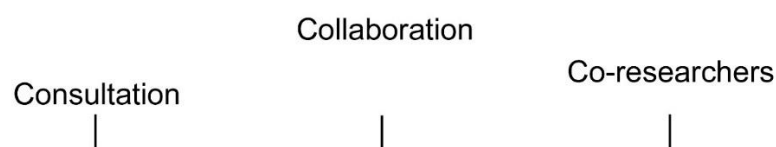


Fig. 3.3 Participation continuum

The formation and working practices of the Research Steering Group will be detailed in greater depth in Chapter eight. Below is table 3.1, which provides details relating to the eight Research Steering Group members.

Name (Male/Female)	Age	PMA role	Mental health care	Living arrangements
Sid (M)	Mid 50s	Player/coach	Secondary	Supported housing
Keith (M)*	Mid 30s	Player	Primary	Supported housing
Jalpesh (M)	Early 50s	Player	Secondary	With family
Tim (M) Joined Feb 2014	Mid 40s	Player	Primary	With family
Jake** (M)	Early 30s	Player	Secondary	With family
Donell (M)	Mid 30s	Player	Primary	Supported housing
Aaron (M)	Mid 30s	Player	Secondary	With family
Bret (M)	Mid 40s	Player	Secondary	Supported housing

**Intermittent involvement due to fluctuations in health and circumstances*

***Withdrew after meeting five due to family commitments*

Table 3.1 Research Steering Group members

3.3 Research Steering Group meetings

3.3.1 Practicalities

Research Steering Group meetings typically occurred on a Thursday afternoon, immediately following a football training session, and lasted around one to two hours. Refreshments were provided in return for people giving their time, which I was able to purchase using the various amounts of funding I received during the course of my studies (Appendix D). It was not generally necessary to reimburse group members for travel expenses, as they either walked or had a free travel pass for public transport in London.

Generally, the meetings took place at the London venue associated with the PMA at that time (i.e. in a meeting room at Seal Street, the Hackney Marshes Centre, or the 'clubhouse' at Mabley Green), which we could access free of charge. If a table was available in the room we tended to sit on chairs around it, but in the Mabley Green 'clubhouse' environment group members tended to make use of the sofa space and some chose to continue playing pool while contributing to discussions. However, on occasions (such as on a hot day) the group members chose to meet in a nearby community café.

It was agreed that I would take notes at these meetings, both during and afterwards. Two group members were particularly resistant to the idea of either audio or video recording the group discussions, and therefore this was not undertaken. At the beginning of each group meeting I would summarise our discussions from the previous meetings and any activities or actions that had occurred in between. When summarising discussions and views of the Research Steering Group members I was careful not to prioritise more confident or eloquent voices and tried to capture the group consensus and highlight any dissonant voices.

I also recorded in my reflective journal any methodological or reflective insights that arose during the group meetings. These included my physical and emotional responses to group discussions, both deliberative and instinctive. I also noted when I felt a particular technique or activity had particularly enabled or restricted thought or discussion, as well as any feedback or reflections on why this might have been the case. For example, I might comment on the meeting environment, how noisy it was and how I felt it had influenced discussion on that occasion.

3.3.2 Purpose and activities

Once we had decided to become and meet as a defined Research Steering Group, we agreed the purpose of the group was to utilise group discussion and decision-making to direct the study for its entire duration. This was also when the participation continuum (Bradbury-Huang 2010) was shared, to clarify the various different roles and expectations that can occur when involving people with experience of mental distress as co-researchers. Although maximum collaboration was intended, with me in the role of co-ordinator of the study and group member, it was also acknowledged that at times different forms of participation would be negotiated that might involve group members being more consultative. For example, in relation to the completion of the lengthy research ethics application form, which the other group members asked me to lead on. Indeed, it was acknowledged that there would be differing preferences for involvement across the group and at different time and task points, and the intention was to accommodate this.

I also clarified the requirements of a part-time PhD programme, taking care to distinguish between more conventional research data collection processes (such as being interviewed), which group members may have been involved with previously, and also a therapeutic group context. These previous experiences were discussed

within the group, in particular what they had enjoyed about these experiences and/or felt frustrated by. One group member asked if there would be any qualification that they could derive from the experience of being involved, highlighting the complexity and tensions in completing collaborative research for an academic award. I sought to be completely transparent about the PhD requirements and we regularly re-visited various aspects of them throughout the course of the study.

3.3.3 Group relationships

As detailed above, in the early stages of becoming and meeting as a Research Steering Group we discussed and agreed ground rules and expectations. Highlighted within these discussions, were the principles of inclusion, communication, and confidentiality. They were re-visited whenever relevant, but it was not felt necessary to refine them at any point. Although the intention was to be inclusive, there were times when the sporadic nature of one group member's attendance meant we had to progress decision-making in their absence. As the study progressed, there were also times when I met with individual group members, for example in relation to preparing the finer details of a conference presentation. These meetings and events were also recorded in my fieldwork journal, and subsequently fed back to the wider Research Steering Group. My attendance at PMA events outside of the Research Steering Group meetings (such as end of season celebrations, and key matches) was felt to strengthen relationships and awareness in relation to the research study. Similarly, to the preceding literature review identifying a process of participation, the Research Steering Group relationships developed overtime, as we completed activities together and got to know one another. However, this process was at times undermined by periods of absence, such as the two absences that arose from my periods of maternity leave. This issue will be detailed more fully in Chapter eight.

3.3.4 Time

Ultimately the study was constrained by the timescales of my part-time PhD programme, although there were unforeseen variations to this due to my two periods of maternity leave and also a further period of absence due to work pressures. The temporal nature of the football season was found to be particularly helpful in providing a cyclical temporal structure, with clearly defined periods of action and reflection. Furthermore, this seemed to sometimes enable easier recollection of events and actions, as we tied them into memories from particular stages of a football season.

3.4 Ethics

The Research Steering Group was integral to ensuring that this study was planned and carried out in an ethical manner. Indeed, from the outset the Research Steering Group ensured that the research topic and focus remained relevant to the lives and values of those that took part, as we together planned, negotiated, and agreed each stage of the research process.

The active involvement of people who took part in the PMA and had experience of mental distress was important because it has been found that the topics academics and health professionals prioritise for research often differ from those identified by the public (Elwyn et al. 2010; Lindenmeyer et al. 2007). It is suggested that those living with a health condition or issue, such as mental distress, are best positioned to know what is still not known, and what research would be most likely to enhance their quality of life (Evans et al 2011). The active involvement of people with direct experience of the research topic being studied has also been considered within the literature for its potential to increase the ethicality of the resulting research. There

have been suggestions that the public, and those with particular health conditions, are more likely to benefit from research findings that have arisen from a study chosen and defined by people at 'the grass roots' with direct knowledge and experience of the topic under investigation (Abell et al. 2007; Evans & Goldacre 2011).

It is suggested that involving the public with designing a study's consent process ensures that potential research participants receive the information they want and need, that the information is delivered in a way that is reflective of their interests and concerns, and written information is clear and accessible. It is suggested that this makes it more likely that consent will genuinely be informed and that people will fully understand what taking part in the study will involve (Involve 2012). Cameron & Hart (2007) suggest that the process of informed consent can be enhanced by the decision-making task being simplified and by presenting information as separate elements rather than in an uninterrupted form, such as with the research awareness raising that took place in relation to this study. Energy was initially given to general awareness raising around the research study taking place with the PMA, to provide a period of several months in which people could access information and ask questions before defined data collection events and activities even began. For example, prior to the first strand World Cafés taking place research awareness raising was completed, via the circulation of a flyer (Appendix E) at any PMA training sessions, matches, events or team meetings that occurred within the relevant period for data collection. It was also displayed on the PMA website.

The Research Steering Group was actively involved in developing the documentation relating to ethical approval, player recruitment, and consent. It was noticeable when selecting styles and images for the draft research player recruitment and consent documentation that the steering group members voiced a concern that

the documents did not appear “*too professional*” and therefore (in their opinion) uninviting to potential players. Instead images were selected based on being reflective of “*what we do*” and that they depicted the physical space of the Hackney Marshes Centre, which the PMA players consider to be the PMA “*headquarters*”. Cartoon images were also selected due to a sense that they would be particularly engaging. Issues of anonymity were discussed in relation to using photographic images that depicted players themselves; with an agreement with only those where faces were not visible would be used. It was also agreed that all documents needed to bear the PMA, Brunel University and University of Essex logos.

Eventually eight draft poster designs were arrived at, which varied in terms of landscape and portrait orientation, font size, images used and presentation of images (for example, behind text and with text wrapped around). An agreement of a final design was arrived at via a democratic voting exercise, which was a method of decision-making frequently used within the PMA. Favoured images that were not utilised in the final poster design were then considered for inclusion in the participant information sheet (PIS) and consent form. It was felt important by the PMA members that the PIS text was “*broken up*” by images and that there was space for players to make notes and queries. One of the steering group members took a lead on reading out the PIS to the rest of the group, which was felt to be a valuable exercise as the information would potentially need to be read out to any potential players who are unable to read. Several steering group members practiced completing the consent form, and no amendments were felt to be needed. Players were recruited via the circulation of the flyer (Appendix F) at any PMA training sessions, matches, events or team meetings that occurred within the relevant period for data collection, and displayed on the PMA website. All potential study participants were offered a copy of the PIS (Appendix G) and the opportunity to discuss the study and their potential participation with myself as the researcher.

It was acknowledged that people's capacity to consent might fluctuate over time and therefore as Cameron & Hart (2007) suggest this was monitored and managed throughout the research process, and to fit with the fluid nature of PAR. As a qualified occupational therapist monitoring capacity to consent is something that I have experience of. Gaining consent was an ongoing and dynamic process throughout the research process. Within the participant consent form (Appendix H) potential participants were asked to consent to the:

“use of anonymised quotes in subsequent publications and presentations”.

The issue of anonymity caused the most significant ethical concern during the study, largely due to the unique nature of the organisation and the principle being somewhat at odds with some PMA players choosing to be very public and vocal about their experience of mental distress in relation to other aspects of their lives. Such tensions have been discussed within the literature in relation to anonymity and the nature of participatory research (Beresford 2017). It was never intended that the organisation would be anonymised within the write-up and dissemination of the study, as there was an aspiration that the study would ultimately help the organisation to evidence its value in the community. However, as detailed within the preface section of this thesis, the collective decision to name the PMA could increase the likelihood of some participants being identifiable, and this was therefore an issue that was discussed at length within the Research Steering Group. There was a unanimous agreement that the PMA should be named within this thesis and within any conference presentations or publications, to promote the work of the organisation. The matter was discussed with the PMA board and prior to the study's first publication (Bryant et al. 2017) they also confirmed in writing that they were agreeable to the organisation being named (Appendix A). All participants were given a pseudonym and where possible the choice of pseudonym was discussed and agreed with the participant. All reasonable efforts have been made to anonymise

individuals within the thesis, which has involved the amendment or redacting of names and other identifying information.

At all times my behaviour was in accordance with the College of Occupational Therapist Code of Ethics and Professional Conduct (2015) and the Health and Care Professions Council's (2013) Standards of Proficiency. I followed lone working procedures and policy so that my employer at the time of the data collection (the University of Essex) was notified of my exact whereabouts when engaged in any activity relating to this research study. Good ethical and legal practice was followed in terms of player data being stored securely and anonymised. This was achieved by the study information being stored within a locked environment and any digital files stored on a password protected computer. The same secure computer was also used to store a list of players' names and their corresponding pseudonyms. However, there were also limits to such confidentiality. For example, players were made aware that if during the research process they disclosed information that was suggestive of a significant risk to themselves and/or others I may have to bring this to the attention of the PMA staff team. This limit to player confidentiality was made clear on the accompanying PIS (Appendix G).

The process of gaining research ethics approval for the study was also discussed and negotiated with the Research Steering Group, and whilst they had valued being involved in formulating some of the related documentation (for example, the PIS), it was agreed that I would lead on completing the necessary forms and submitting them. NHS ethics approval was not required as the PMA was an organisation independent of the NHS by the time data collection commenced. Obtaining research ethics approval from the Universities that my PhD was registered with will be outlined in the following chapters alongside details of the corresponding methods.

3.5 Disengagement from the study

The process of dis-engaging from the study was, from an early stage, intended to be carefully planned and undertaken. I was anxious to avoid causing further distress through a poorly executed ending. However, this intention was compromised by the unexpected closure of the London PMA project. In some ways it was perhaps helpful that the research study continued beyond this, as it offered a safe and confidential space to explore feelings and experiences. However, it undoubtedly also contributed an additional sense of loss as several players mentioned missing the social contact and focus the active stages of the research study provided. Contact was maintained beyond the ending of the formal aspects of data collection, in order for the findings of the study to be shared. These were face-to-face discussions that involved me travelling to London, but there was also some intermittent contact via phone and text, in order to clarify information for the thesis and dissemination plans. It is envisaged that such contact will continue for some time yet, as we disseminate the findings of the study beyond submission and progress related actions.

3.6 Quality issues

Trustworthiness within qualitative research requires demonstration of credibility, transferability, dependability, and confirmability. In addition, rigour and reflexivity are integral to ensuring the transparency and quality of qualitative research (Korstjens & Moser 2018).

Credibility is concerned with the confidence that can be placed in the accuracy of research findings, and that they have plausibly been drawn from the participants' original data. This is achieved through strategies such as prolonged engagement with the field or context in which the research study is taking place (Georgaca & Avdi

2011). Transferability relates to the transfer of the research findings to other contexts or settings. However, in comparison to the quantitative equivalent of generalisability, transferability refers to the modest and thoughtful transfer of findings to other contexts of inquiry. Transferability depends on sufficient description of sampling method(s) and participants (Korstjens & Moser 2018).

Dependability reflects the stability of findings over time, and is concerned with the detail, consistency, and accuracy of a study, by allowing readers to scrutinise the various stages of the research process through their transparent presentation. In particular the way the study's findings and conclusions have addressed the original aims of the research, and not been derived from any researcher biases.

Confirmability ensures that the study's data can be traced back to its original sources through a transparent audit trail (Georgaca & Avdi 2011; Korstjens & Moser 2018).

Rigour is concerned with being attentive to diversity and inconsistencies that arise in the data, rather than dismissing them (Georgaca & Avdi 2011).

As a PhD student and participatory action researcher it is important to acknowledge that all claims to knowledge are shaped by interests and never neutral. Researchers refer to this declaring of interests as reflexivity. Declaring interests and being reflexive seeks to contextualise the knowledge claims and enable transparency (Bradbury-Huang 2010). This was achieved by me in relation to this study through use of a fieldwork journal, in which I recorded thoughts, reflections and discussions, and in regular supervisory discussions.

Participatory research has its own quality criteria that goes beyond notions of trustworthiness. This suggests that both the process and the outcomes of such research would be evaluated using a series of principles. These include that the problem or topic to be addressed is of key interest to local and additional stakeholders; that there is participation of interested stakeholder groups in the

selected problem or topic (stakeholder diversity); that there is participant representativeness and involvement of interested stakeholder groups in every research stage; and that there is collective decision making through deliberation (Trimble & Lázaro 2014, p131).

The above principles present a challenge to most experienced, qualitative, and participatory researchers, but present additional dilemmas for PhD studies where issues of ownership and originality are integral to the process of academic evaluation (Klocker 2012). Some of the practical strategies associated with such quality criteria will be discussed in Chapter eight.

3.7 Summary

This chapter has outlined the ontological, epistemological, and methodological assumptions that underpin the research processes of this study. The PAR methodology has been detailed and the chapter has also detailed the composition, formation, and working practices of the Research Steering Group as the basis for enacting the PAR methodology. It has then detailed the research philosophy that underpinned the study, before detailing its design and an overview of its methods. The chapter concludes with the ethical considerations and quality issues relevant to this study. This first part of the thesis has therefore introduced the context of this research study and analysed the existing knowledge base. The proceeding part of the thesis will detail the methods and findings from the three inter-related strands of data collection.

Part B: Action:

***Strands one, two and three of the
study***

Chapter 4: Methods for strand one

4.0 Introduction

This chapter outlines the methods of data collection and analysis employed in the first exploratory strand of this study. The methods and findings of strands one, two and three, are presented in the order in which they took place, to accurately reflect how the methods and findings of the first strand subsequently informed the methods of the second and third strands. Therefore this chapter is specifically focused on the three World Café events, which were conducted in London on the 14th and 15th August 2013 and in Wakefield, Yorkshire on the 11th October 2013. The café events were designed to address the overarching research question:

- What is the nature and value of participation in the Positive Mental Attitude (PMA) Sports Academy from the perspectives of those that take part?

4.1 Planning the world cafés

Following the initial participatory work, which developed the study research question and aims, there was much discussion and debate in the Research Steering Group about where the research study should begin in terms of its defined data collection activities. Several other research studies (Faulkner 1997; Faulkner & Layzell 2000; Mynard et al. 2009; Mason & Holt 2012) were reviewed and discussed to provide stimulation, which I selected and presented to the Research Steering Group based

on them being studies that had some relevance in terms of their research approach and/or topic, although a diversity of examples was sought to promote discussion, rather than seeking to provide a template.

Ultimately, we agreed that the study needed to be exploratory in its first strand and that it should focus on what the PMA is fundamentally concerned with; participation in football for therapeutic purposes. The Research Steering Group identified two aspects of participation in the PMA as particularly important: the nature of taking part in the PMA and the value derived from it. The nature of taking part in the PMA was concerned with establishing what the fundamental qualities of participation in the PMA were, or as one steering group member termed it:

“the PMA methods”.

The value derived from such participation was a concern with the worth and usefulness that people did, or did not, acquire from taking part.

I proposed the idea of conducting an analysis of football as a therapeutic occupation, as the first strand of the research. This suggestion was informed by the earlier mention of a Research Steering Group member’s interest in establishing *“the PMA methods”*, and the literature, which called for a new strand of research and scholarship dedicated to achieving in-depth understandings of particular occupations (Hocking 2009). The Research Steering Group explored this suggestion and how such an analysis might be useful for the PMA, an interest was also evoked by the members in the different analytical perspectives of those involved in the PMA in different ways or roles. For example, as players and coaches. Ultimately it was felt by the Research Steering Group that the organised analysis or breaking down of football as a therapeutic occupation would enable a better understanding of the unique PMA *“methods”*: i.e. what was required for participation; what motivated

people to participate; and what arose from people's participation. The steering group requested from me an example of an activity that had been analysed, to inform discussions and decision-making. After discussion within the group I used a published analysis of a form of graffiti, tagging (Russell 2008) as a basis for that example, as it was agreed that this was an activity that was culturally relevant to the group and that they could therefore identify with. The use of this specific and negotiated example was felt to have particular value in enabling knowledge boundaries to be crossed, as we all learnt more about graffiti and/or analysing an activity.

After discussion within the Research Steering Group it was decided that such an analysis would need to take place via a group of players, to promote collective thinking and action from the perspective of those that take part. However, the Research Steering Group also suggested that it would be valuable to consider the perspectives of those that performed coaching roles within the PMA, as the coaches were primarily concerned with planning and enabling participation. A member of the steering group also remarked on the co-dependency of these two groups in terms of enabling participation – the players needed the coaches to lead training sessions, plan team formations and ultimately enhance their performance on the pitch, whilst the coaches needed the players to construct a team and have people to work with. There was some discussion about taking this further in terms of the roles people adopt on the pitch (for example, defence), but it was decided these were too fluid currently for this to be feasible. For these reasons, it was proposed that the analysis would take place via one inclusive group, but that it would aim to capture the diversity of experience, including those people that perform coaching and other support roles (for example staff and trustees).

Another topic of discussion within the Research Steering Group was how people would be 'prompted' in the analysis within the group context. One steering group member emphasised a need to "*squeeze*" information out of people using questions and prompts. An idea from steering group members was the use of photographs that the PMA has collected over recent years, that could be displayed or utilised in some way in the group to encourage thoughts and ideas.

The Research Steering Group used the agreed research question and analytic focus to generate a series of sub-questions, which sought to explore what people needed to participate in the PMA Sports Academy, what participation in the PMA Sports Academy involved people in doing, why people took part, what they felt they got from it, and how the organisation could be improved. These questions were agreed and phrased as:

- What do you need to take part in the PMA Sports Academy?
- What does taking part in the PMA Sports Academy require you to do?
- What do you hope to gain by taking part in the PMA Sports Academy?
- Why do you take part in the PMA Sports Academy?
- How do you think the PMA Sports Academy could be improved?

As outlined previously, the Research Steering Group meetings evolved as regularly taking place immediately following a football training session at three to four-week intervals, to minimise disruption to people's daily routines and travel costs. The setting of such meetings was frequently the café at the Hackney Marshes training ground or a local community café, as these were typical, comfortable, and familiar environment for players following a training session, and somewhere they could also consume refreshments. For the first strand of research data collection it was

therefore suggested that the accessible and inclusive nature of the café context be capitalised on via a series of open participation World Café events that would include both the London and Wakefield academy players.

World Café is a recognised way of structuring and recording conversations, organised around participants being seated at different tables (Brown & Isaacs 2005; Brown & Isaacs 2010). Each table considered a question (Appendix I) such as those stated above. Each question had been phrased to align with the overarching research question. In this sense it is a method concerned with enabling the collaborative construction of knowledge and therefore aligned with this study's epistemological position and PAR methodology, which intends to enable '*...democratic dialogue and reform through bringing people together in a safe place*' (Koch & Kralik 2006, p13). It was agreed that players would be invited to choose a table and record their responses and discussion relating to the table question on a paper tablecloth. Light refreshments would be provided, and players would be free to move around the café tables in whatever order they wished, with the intention that each table (and ultimately question) was visited and considered by all the players at some point. In addition, arrangements such as a signal (ringing a bell) being given to move people on from each table discussion after 15 minutes intervals were agreed. It was planned that the analysis of the collected data would begin within the same event, by players being asked to ring the key five points on their final tablecloth, with further analysis then being conducted in collaboration with the Research Steering Group. It was acknowledged that participation in the research might be difficult for people who experienced difficulties with communication and/or literacy and therefore support was planned through other players offering to scribe and/or family members and support workers also being present. It was agreed that responses did not have to be written, they could also be pictorial. To foster a culture of equality and mutual respect we designed a sheet of expectations (Appendix J),

these expectations were based on a copy of conference expectations that I had obtained from attending the Involve conference in November 2012. Involve is a national advisory group that supports greater public involvement in NHS, public health and social care research. I intended that sharing the Involve conference expectations as an example would give us an opportunity to decide what atmosphere and space we wanted to create for participants during the World Cafés. It was agreed that the World café expectations would be read out at the start of each café event and a copy placed on each of the café tables.

4.2 Recruitment

Ethics approval for the World Cafés was initially granted from the Brunel University School of Health Sciences and Social Care Research Ethics Committee on the 24th June 2013 (Appendix K). Further ethics approval for the remaining Wakefield World Café was granted from the University of Essex Faculty Research Ethics Committee on the 20th September 2013 (Appendix L), because my PhD registration transferred from Brunel University to the University of Essex during this period, due to a change in my supervisor's employment. Overarching ethical issues relating to the study have previously been discussed in Chapter three.

The opportunity to participate in the World Café events in both London and Wakefield was communicated via a flyer (Appendix M), which was posted on the PMA website and passed around and read out at preceding training sessions, match days, and team meetings. All potential participants were provided with a copy of the accompanying participant information sheet (PIS - Appendix G) and the opportunity to discuss the study and their potential participation with me. Such arrangements intended to enable people to make an informed decision about whether to participate. However, it was also acknowledged that people's capacity to consent

could fluctuate over time, and therefore this is something that was monitored and managed throughout the research process as part of the PAR methodology.

Research Steering Group members were actively involved in creating and reviewing the information and materials associated with obtaining informed consent, to ensure they were accessible and inclusive in terms of design, font size, language, and illustrative images and pictures.

The World Cafés used purposive sampling (Robson 2011), a form of non-probability sampling, in that they involved people who took part in the PMA Sports Academy in some way. The inclusion criteria for all World Café attendees was: Individuals who participate in the PMA Sports Academy in some way (for example, as a player or coach); Individuals who have or have had an interest and/or role in supporting the work of the PMA Sports Academy (for example, as employees, family members of players, funders or trustees); Individuals willing (and able) to give informed consent; and individuals willing to engage in the activities required to collect data and complete the research study.

4.3 Participants

Details of the 23 World Café attendees are provided overleaf in table 5.1. Fifteen people participated in the two London-based World Cafés, and eight people participated in the Wakefield World Café. There was only one World Café held in Wakefield due to it being a smaller group of players. The sample included 21 males and two females, with an age range of 17-55. One paid member of PMA staff and one family member attended, with the remaining 21 participants all being PMA players. Of these 21, three participants were having their mental health managed within primary care and 13 participants were in contact with secondary mental health services. Five of the Wakefield participants did not have any diagnosed mental

health issues. One attendee was an inpatient on a mental health unit, eight lived in some form of supported housing, eight with family, and four lived independently. Therefore, of the 23 World Café attendees, 18 were in receipt of mental health services: 100% of the London PMA player participants were, whereas comparatively only 37.5% of the Wakefield attendees were.

4.4 Conducting the world cafés

Two London-based World Cafés took place, on the Wednesday and Thursday training days at the Hackney Marshes Centre, in the upstairs café area. It was not possible to hold just one Café in London as several of the players had leave restrictions under Section 17 of the Mental Health Act (2007), and therefore holding two events maximised access and inclusivity. Indeed, several players chose to attend both the Wednesday and Thursday café events, with a sense of beginning their participation on the Wednesday, staying until they were able to do so (some had to leave early due to other commitments, leave restrictions and/or for health reasons) and they then returned to complete their contribution on the Thursday. In addition, one player appeared to use the Wednesday café as an opportunity to observe people's participation, to decide whether to participate more actively in the Thursday café, which they did then decide to do. The Wednesday café was attended by 10 people and the Thursday café by eight people, which included three returners. However, these three returners were counted only once as their participation continued on their return (for example, one participant only observed during his first attendance) rather than repeated. Most café attendees were players in the PMA, although some were individuals who also at times assumed coaching and refereeing positions. In addition, one PMA paid staff member and a family member of a player participated.

London World Café – Wednesday 13th March 2013

Name (Male/Female)	Age	PMA role	Mental health care	Living arrangements
Rebecca (F)	Mid 30s	Player	Secondary	Independent
Janesh** (M)	Late 20s	Player	Secondary	Supported housing
*Sid (M)	Mid 50s	Player/coach	Secondary	Supported housing
Tom (M)	Early 30s	Player	Secondary	Supported housing
Lee (M)	Mid 40s	Player	Secondary	Independent
Kate (F)	Mid 40s	Staff	N/A	N/A
*Jalpesh (M)	Early 50s	Player	Secondary	With family
Jeffrey (M)	Mid 50s	Player family	N/A	N/A
*Tim** (M)	Mid 40s	Player	Primary	With family
Sam** (M)	Late 30s	Player	Secondary	Inpatient

London World Café – Thursday 14th March 2013

*Donell (M)	Mid 30s	Player	Primary	Supported housing
Rishi (M)	Late 20s	Player	Secondary	Independent

*Aaron (M)	Mid 30s	Player	Secondary	With family
Len (M)	Mid 20s	Player/Coach	Secondary	Independent
*Bret (M)	Mid 40s	Player	Secondary	Supported housing

Wakefield World Café – 11th October 2013

Adrian (M)	Early 30s	Player/mentor	Primary	Independently
Jake (M)	Late teens	Player	N/A	With family
Steve (M)	Late teens	Player	N/A	With family
Josh (M)	Early 20s	Player	N/A	With family
Russell (M)	Early 30s	Player/mentor	Secondary	Supported housing
Kyle (M)	Late teens	Player	N/A	With family
Wayne (M)	Late teens	Player	Secondary	Supported housing
Brad (M)	Early 20s	Player	N/A	With family

*Research Steering Group members

**Participants who returned to participate in the 14.03.13 World Café

Table 4.1: Strand one: World Café attendees

Both London cafés were successful events, in that they enabled diverse discussion and the collection of multiple perspectives in response to the five questions. The

circulation of players around the five tables appeared helpful, both in terms of enabling people's attention to shift between each of the differing five questions and by providing a physical movement element for the typically physically active group of players. Interestingly players on the day declined the suggestion that a signal would be given to move on from each table after 15 minutes as had been planned, and instead chose to move around the tables in their own time and as stated above, in the case of a few players, over a period of two days. Some players responded individually by writing their own perspective on each of the tablecloths, while others chose to discuss the question with their peers before writing a response and/or collaborating in a joint response. It was helpful that the data collection method was inclusive enough to allow this. However, due to the cafés evolving as a very flexible and inclusive forum for data collection it was not possible to continue with the original plan of beginning the data analysis as several key players had already left. Instead it was agreed that the tablecloths would be made available to attendees via the next Research Steering Group meeting, which immediately followed a PMA training session, for further collective discussion and analysis in the weeks immediately following the cafés.

A third World Café event took place with the two PMA teams that train with the Yorkshire PMA Academy in Wakefield. The same inclusion criteria for attendees was applied, with the main difference in terms of potential players being that the Yorkshire Academy had recently received funding to work with a NEET (not in education, employment, or training) population. Practically this meant that most players were relatively new to the PMA and the research study, although two players from the original Wakefield mental health team were present, who had knowledge of the research study from visits they had made to London (for example, as part of end of season activities).

The Wakefield World Café followed a very similar procedure to the two previous London cafes and occurred immediately prior to a training session to minimise disruption for potential players (for example, in terms of travel). However, all three of the cafés occurred within the same two-hour time frame, in terms of how long the café space was available for participants. The Wakefield World Cafe took place in a room at the community sports club where the Wakefield team typically meet and train. Five tables were set up with the same five questions, with the same flexibility in terms of how players chose to circulate around the tables and respond to the questions posed. In addition to question responses being recorded on the tablecloths, I also noted observations and reflections in a fieldwork journal, to enable triangulation at the data analysis stage.

Eight players attended and took part; six of whom were players participating in the PMA due to the newly secured NEET funding, and two who were original Wakefield players with experience of mental distress, who had been part of the PMA for several years and were now providing mentorship to the newly recruited NEET players. Similarly, to the London cafés, some players chose to discuss the questions with their peers and respond collectively via one or two scribing, while others chose to respond individually. One player chose to write an individual response to each of the questions on a separate piece of paper, which they then placed (and later stapled) on the tablecloth before moving on to the next table, thus illustrating the flexible nature of the World Café method. For this café, literacy appeared to be a particular issue, although attempts were made to overcome this by me offering to scribe. Some players did accept this offer, but this did appear to alter players' engagement (for example, standing at the tables while I sat and scribed) and highlights a limitation to the World Café method when researching with individuals with literacy issues, as there is such an emphasis on words and written text. Although, similarly to the previous two cafes players were advised they could represent their responses

pictorially if they preferred. Again, the circulation of players around the five tables appeared helpful, particularly in terms of providing a physical movement element for this typically active group of individuals.

4.5 Analysis of the World Café data

The process of conducting the three World Café events to explore participants' perspectives relating to them taking part in the PMA represented the 'planning' phase of the action research cycle, which is detailed in Chapter 3. Therefore the proceeding task of interpreting and analysing the resulting tablecloth descriptions and developing conceptual understandings concerned the 'action' phase of the action research cycle (Stringer 2007). The data from the three Research World Cafés was in the form of 15 annotated paper tablecloths – five from each of the café events. In addition, I noted observations and reflections in my fieldwork journal.

Analysis of the first strand data took an inductive, 'bottom-up' approach and a broad thematic analysis was used to organise and describe data and to relate patterns of the data to the over-arching research question (Stringer 2007). A benefit of using thematic analysis is its previously acknowledged accessibility to co-researchers (Braun & Clarke 2006) and therefore it is well suited to emancipatory, participatory inquiry. Additionally, as a flexible and accessible approach to data analysis it is a popular choice amongst novice researchers and the usefulness of themes in disseminating and actioning findings for their applicability to health contexts has been highlighted in the literature (Sandelowski & Leeman 2012).

However, there are also acknowledged limitations of thematic analysis as an approach to qualitative data analysis, for example that it lacks strong theoretical and philosophical underpinnings, in comparison to other approaches such as

Interpretative Phenomenological Analysis (Braun & Clarke 2006; Smith & Shinebourne 2012). In this study, and to align with its emancipatory and participatory philosophy, we were keen to identify methods of data analysis that were accessible and inclusive, but also meaningful to participants. This is why capitalising on the familiar café context and utilising a data collection method that to some degree began the process of data analysis, seemed to fit so well. Furthermore, I anticipated that thematic analysis would enable a continuation of a collaborative process of data analysis within the Research Steering Group, which included members who had difficulties reading as well as no formal training in qualitative data analysis.

Below, I detail the stages of data analysis of the first strand world café events data. My description imposes a linearity and neatness that does not accurately reflect the iterative cycles and messiness that a collaborative data analysis process realistically involves. However, broadly speaking we used the six stages of thematic analysis detailed by Braun & Clarke (2006) and I also utilise their terminology in terms of codes, categories and themes. The iterative cycles of me working with the data alone and then returning to the Research Steering Group for further discussion and refinement followed processes described by Stringer (2007) and at all times I sought to be transparent about the collective and individual aspects of the data analysis process. Reflections relating to the issues and tensions inherent within enacting a collective and participatory approach to data analysis will be discussed further in Chapter eight.

1. Familiarisation with data

To some extent collective data analysis began within the action of the research café, as some players discussed, debated, and refined their

thoughts through collaborative conversations, before recording them on the tablecloths. This aligns with other research studies that have utilised World Café as a method (Teut et al. 2013) and meant that there was already a level of familiarisation with the data, as I had facilitated each of the café events and several of the Research Steering Group members also participated in a café event (see table 4.1). The movement around the tables enabled a particular level of data familiarisation for those Research Steering Group members who also took part. Further familiarisation of the data collected via the 15 paper tablecloths took place by the tablecloths being brought back to the Research Steering Group, for further collective discussion and analysis in the weeks immediately following the cafés. To commence this process, I presented each set of tablecloths to the Research Steering Group, in terms of laying them out and detailing how many participants had taken part and providing any relevant observations from my fieldwork journal (for example, when people had chosen not to record on the tablecloth).

2. Generation of initial codes

From observing that utilising the familiar context of a café appeared to provide a safe and productive space for those participating in the research, I decided to capitalise on this by beginning the collaborative and dynamic process of data analysis by sharing a large photograph (of the very familiar) changing room at the Hackney Marshes Centre, as a visual template for depicting the 'hanging up' and organising of a large amount of information, but also with a sense that things could easily be moved and repositioned as new insights and information became available. This appeared to be a relevant and helpful metaphor that supported us in organising and grappling with large amounts of data at the initial data analysis stage. The Research Steering Group members had frequently voiced a wish that the research

study highlighted differences in perspectives as well as commonalities, and it was hoped the image of different 'pegs' with differing information (and perspectives) hung on them would enable this. Additionally, the collective analysis was aided by using small, circular coloured stickers. Research Steering Group members chose red to depict an 'important' point, and blue to represent a 'popular' point, which they felt reoccurred several times within the tablecloth data. We then set about examining the tablecloths as a group and discussed and decided where to place such stickers. However, in contrast to other recent research studies that have employed the World Café methodology (Broom et al. 2013; Fouché & Light 2011; Teut et al. 2013) the tablecloths were not just analysed in terms of the statements that had been recorded on them, but were also considered as visual data, in terms of how and where the statements had been presented and positioned. Literature has discussed handwriting as a form of visual data that warrants different consideration and examination (Mitchell 2011). This visual and textual examination was felt to be an important aspect of the analysis to ensure dependability, in that the findings 'fit' and accurately represent the data from which they have been derived (Carpenter & Suto 2008). Certainly, it appeared to illuminate and confirm other aspects of the data analysis, as annotations that might otherwise have been dismissed as doodles took on a new meaning and warranted separate analyses. The tablecloths were photographed prior to the exercise and afterwards, so there was a record of them as raw data and once they were annotated with the stickers (Appendix M).

3. Generation of initial themes

Once the sticker annotation and related discussion had been completed over a series of meetings of the Research Steering Group, it was agreed that I

would draft, based on the initial analysis, some preliminary themes. I did this by looking across the groupings that the stickers and our collective discussions had enabled and worked backwards and forwards multiple times between the tablecloths, the lists of patterns and codes we had collectively identified. From this I eventually generated a thematic map that consisted of three over-arching themes:

- The value of being part of a team
- Funding and resources
- Keeping well through football

I then shared these with the Research Steering Group. Of benefit here was that the raw tablecloth data was still relatively accessible and visually available to participants, along with our agreed sticker annotations. This meant that although I worked alone to construct the three over-arching themes we were still able to cross-reference themes against the raw data very easily, in comparison to returning to the multiple written transcripts that would result from the subsequent walking interviews in the second and third strands. It was therefore relatively straightforward to present the three draft over-arching themes while also making available and referring to the original tablecloth data within the Research Steering Group. I created a summary for each theme with illustrative stories and vignettes selected from the tablecloths and the discussions that had occurred. The material was presented with an invitation for the Research Steering Group members to question, clarify or confirm. During this interactive exercise we discussed omissions and anomalies within the raw data and the three draft themes and debated possible reasons and explanations for particular issues being absent

within the raw data. I was particularly mindful within this exercise to relay information, stories and accounts from the Wakefield research café event, as none of the attendees of that café were part of the Research Steering Group and they were also a somewhat different group of individuals due to their younger age range and NEET status.

4. Reviewing my themes and refining and naming collective themes

The discussions that resulted from the above interactive exercise led to the addition of a fourth theme and the retitling of the three themes. I felt this was important, in order to use the terminology of those that took part in the PMA. The intention was that this was a collaborative and iterative process, with ideas and initial themes continuously being refined through re-engagement with the Research Steering Group and the raw data. After the final agreement around titling the (now) four themes we verified that the themes felt sufficiently clear and wide-ranging to provide distinct pegs on which to 'hang-up' related stories, quotations, ideas, and discussions, again utilising the changing room metaphor to organise our collective thinking and discussion. In every case, quotations illustrate the themes in the proceeding findings chapter. Ultimately this process sought to ensure the credibility of the café findings as participants were involved in the analysis of the data and confirming the findings as authentic representations of their experiences (Carpenter & Suto 2008).

5. Writing up the themes

Writing up qualitative research has been identified within the literature as an ongoing part of the analysis process (Holloway 2005; Wolcott 2009), whilst

collaborative writing is acknowledged as one of the most challenging elements of participatory research (Nind 2011). Therefore, writing up the themes required some revisiting of stages three and four, to ensure that everyone felt they accurately reflected the raw data, and that we in turn had adequate illustrative data for each one. After writing up the four themes they were presented back to those that had taken part in the café events, this included me and a Research Steering Group member travelling to Wakefield to share the findings with them. It is a limitation that Wakefield players were not otherwise involved in the data analysis process, and this is possibly reflected in the fourth theme being quite focused on mental health and recovery. That theme was possibly not relevant to the majority of the Wakefield players as they were participating in the PMA due to their NEET status, rather than their experience of mental distress, as in the case of the London project. However, some of the Wakefield players did also have experience of mental distress.

It is important to acknowledge that there were, however, limitations to this approach to data analysis, with there being a large amount of information to consider and analyse collectively. Due to space restrictions, it was not possible to lay out all 15 tablecloths and therefore they were considered in groups of 3-4 and this did at times mean it was difficult to make connections and establish themes in a way that would have perhaps been more straightforward if it was possible to view all the tablecloths simultaneously. This was also why it was decided I would draft the initial themes, before returning to the Research Steering Group for discussion and refinement. In line with suggestions made by Klocker (2012) I sought to be transparent throughout the research process about the collective and individual aspects of the data analysis process.

4.6 Summary

This chapter has detailed the methods associated with the first exploratory strand of the study, in terms of data collection and analysis. Benefits and limitations of the methods have been detailed. The findings and resulting action from the first strand of data collection will now be detailed in the following chapter.

Chapter 5: Findings from the first strand

5.0 Introduction

This chapter details the research findings from the first World Café data collection strand, which enabled a collaborative process of knowledge production through facilitating democratic dialogues within a structured World Café context (Brown & Isaacs 2005). This strand explored and recorded PMA player discussions and discourses about their perceptions of the nature and value of their participation in the PMA. The findings from the world cafés are presented below as four inter-related themes.

5.1 Findings: the world cafés

The Research Steering Group agreed four themes that were grounded in the discussions that had occurred during the research cafés and had been recorded on the paper tablecloths. We also discussed and agreed the presentation order of the four themes, in terms of order of perceived importance. The four themes were:

1. Restricted and restricting resources

This was an important and dominant theme within the cafes and this was also echoed in the analysis process and numerous Research Steering Group discussions. The PMA's increasing financial vulnerability as a charitable third sector organisation shaped, compromised and distorted participation. This was reflected not just in the construction of tablecloth statements such as:

“more funding for day trips” and “extra days like weekends if you attending college”, but it was also visually represented through the proximity to other statements concerned with the amounts of money relating to premiership players, for example “*Garef Balle 125 million*” to reflect the recent reporting of a premiership player’s transfer cost. There was a sense within the analysis that the PMA’s financial situation has become a vicious cycle, with some players leaving due to (what they considered to be detrimental) changes that are made in an attempt to secure more funding, and then the reduced player numbers meaning certain teams were short of players on occasions, which undermined authentic and meaningful participation as a competing team. This is a point at which this theme and the second theme closely inter-relate, in terms of the at times contradictory nature of taking part.

2. The two sides of taking part

This theme seeks to capture the paradoxical nature of participation in the PMA, that whilst statements such as “*fun*” and “*enjoy playing football*” captured the positive aspects of player’s participation and the construction of a positive sense of self, there were also statements that reflected the challenges associated with taking part, such as:

“players [should be] signed to a team at start of season – then set – no swapping of players between teams – need to balance fairness/taking part and winning/being best”

And how attempts to ‘even up’ two teams could result in a loss of positive meaning and purpose for some players. Such statements had been made in the context of discussing the dwindling PMA resources and the reductions in player numbers that had resulted, meaning swapping players between teams was felt to become necessary to enable a fair game. Indeed, during the cafés there were frequent discussions relating to the competitive nature of the

football participation, and keenness that this was protected, maintained, and taken seriously, as it was felt to be fundamental to why people took part and the value they derived from their participation. This was also linked to football frequently being an occupation people had engaged in prior to experiencing crises or ill health, and therefore it was important that such participation was authentic to truly enable and represent a return to health.

3. Being part of a team

This theme relates directly back to the study's research question in terms of both the value and nature of people's participation in the PMA. It is intended to reflect the numerous statements on the tablecloths and the discussions that took place in the cafes, which related to the opportunities that participation in the PMA was felt to offer. For example, to "*play...as part of a team*"; "*meet new friends*" and "*get out of the house*". These and related statements occurred frequently across the tablecloths and were presented and discussed not just as benefits and outcomes of participation, but also as a reason for taking part. For example, several players outlined that they were sometimes driven to attend even when intrinsically feeling unmotivated, because they were aware of their role in being part of a team and the consequences that might result if they were not there to play their position on the pitch. Certainly, the collective and associational nature of being part of a team appeared to provide both social confidence and occupational opportunities. For example, the developmental nature of the PMA was felt to offer the opportunity to participate in various ways and was reflected in statements such as "*gain qualifications*" and "*to build confidence, new skills and move into work and independence*". Such statements tended to be longer than the typically three to four-word statements elsewhere on the

tablecloths, perhaps indicating the importance players attached to them or that it was difficult to express this value in any fewer words.

4. Developing and staying well through football

The fourth theme related to the expectation that taking part in the PMA involves more than just playing football and that it was an integral part of players keeping and staying well, as well as enabling their recovery.

Discussions in relation to this were frequently linked with the PMA's logo, which includes the statement "*changing lives through sport*". In this sense the theme seeks to reflect what players felt to be the uniqueness of the PMA, in terms of it being an organisation that was not problem focussed and sought to be about more than just playing football. Also, the culture of acceptance and inclusion was discussed, as players acknowledged the varying occupational opportunities that were provided and the active role they could take in the running of their team and the academy. This was reflected in tablecloth statements such as: [taking part in the PMA] "*take[s] you outside [your] comfort zone*"; "*prevent relapse*" and "*become a rolle model*".

However, the limited availability of resources and staff time was discussed as undermining such benefits. Again, this is a point at which this theme and the 'Restricted and restricting resources' theme inter-relate.

5.2 Findings summary

The above four themes depict the complexity of participation in football by people with experience of mental distress, by highlighting factors that might mediate the benefits that are derived, for example resources and feeling part of a team. These findings sit alongside calls for research that extends understanding about how participation in sport is best organised, to maximise engagement and benefits for

people with experience of mental distress (Department for Culture Media and Sport 2015; Hart et al. 2016). The full implications of these findings in relation to the existing knowledge-base are discussed in Chapter nine, alongside the findings from strands two and three. The remainder of this chapter will now focus on outlining the collaborative construction of an analysis framework, which was informed by the findings from strand one and was then utilised in the data analysis of strands two and three.

5.3 Action: Using the first strand findings to inform the construction of an analytic framework

Following the conclusion of the first strand data analysis the work of the Research Steering Group moved towards the second 'action' stage of the action research cycle (Lewin 1946a). However, this was not a clear, linear process with defined activities. Indeed, the process of formulating and utilising a collaborative analytic framework developed organically within the Research Steering Group and simultaneously to the decision-making around the second and third strands, as we moved through the other stages of the research process and collectively developed a sharpened focus on what we wanted the subsequent strands of the study to be concerned with. However, the formulation of the collaborative analytic framework is presented here as part of the findings from the first strand because it was heavily informed by the four themes and is considered to reflect the 'action' and 'reflection' stages of the action research cycle (Lewin 1946a), before planning for the second and third strands began. Although there was significant overlap between the various stages, with cycles frequently becoming spirals.

In line with the study's PAR approach it was always intended that those taking part in the PMA would be involved in all stages of the research process, but my thinking and

actions relating to collaborative data analysis were particularly informed by my attendance at a Social Research Association Creative Research Methods Conference, which highlighted the need to think creatively when utilising participatory research approaches, as the data analysis stage can easily lapse into being a lone, researcher-led, process. Following attendance at this conference I therefore initiated a discussion within the Research Steering Group about how we maintain a participatory approach through the data analysis of the second and third strands. However, during these discussions several members of the steering group voiced that they were uncomfortable about going through interview transcripts themselves, partly because they considered this a laborious and time-consuming task, but also because it threw up anonymity and confidentiality issues in terms of walking interview participants and Research Steering Group members. The decision-making in relation to the second and third strand is detailed more fully in the following chapter, but the walking interviews had been particularly designed to provide an individual space, in contrast to the first collective World café strand. Therefore, the collaborative formulation of the analytic framework was agreed as an alternative way of the Research Steering Group having a clear role in directing and informing the data analysis process for the second and third strands. As outlined earlier, our approach to the data analysis of the second and third strands was also informed by the work of Foucault, although he resisted formalisation of his work around discourse analysis and encouraged utilisation of the concepts and tools he developed in a way that best meets the needs of each individual research study (Springer & Clinton 2015). Foucault's work and its related concepts and tools will be outlined more fully in the following chapter, in relation to the second strand.

It was agreed that the process of formulating an analytic framework would involve identifying the prominent discourses present across three areas; literature, Research Steering Group discussions, and the findings from the first strand of data collection.

To assist the exercise, and because there had been shifts in the membership of the Research Steering Group over time, my reflective fieldwork journal (which has recorded discussions, events, and various meetings throughout the course of the study) was also utilised as a reminder of Research Steering Group discussions and to minimise 'voice loss' where people's involvement had lapsed or ended.

The process was undertaken as a group by combining the headings from my literature review, the themes from the first strand (which all of the steering group members had been involved with to a degree, as participants and/or during the analysis process detailed earlier) and records of Research Steering Group discussions. This enabled us to start at a micro level of statements and discourses concerned with, for example, limited organisational resources, before gradually working upwards to the three distinct discourses that we agreed as incorporating the micro level. For example, that mentions of the limited organisation resources were incorporated into, or provided an umbrella for, the *participation as occupational* discourse, which had its roots in the occupational justice discourse and was therefore concerned with factors that restrict and enable participation, such as resources.

Again, this was not a neat linear process though, but rather it was an iterative one involving many revisions and refinements. Sometimes this involved me working alone, incorporating relevant points from the literature, and then returning to the Research Steering Group to discuss. For example, when the appraisal of research studies was required, and the other Research Steering Group members indicated that they would prefer a summary from me, as opposed to having to read them all themselves. Sometimes revisions and amendments would be initiated by Research Steering Group members, for example in relation to discussions about the first strand findings and how they should be incorporated into the analytic framework. Such

decision-making was also at times informed by pragmatic factors, such as the time and costs associated with holding frequent Research Steering Group meetings. Ultimately the three distinct discourses that were identified and incorporated in the analytic framework for the initial analysis process were arrived at because they were felt to be the three that had greatest relevance to our agreed research question and focus for this research study, the broader context in terms of the literature we reviewed and discussed together, and the findings from the first strand. These three discourses were:

1. Participation as *healthy*, with its roots in the medical model discourse
2. Participation as *social*, with its roots in the social model of disability discourse
3. Participation as *occupational*, with its roots in the occupational justice discourse

Discourse	Aspects
Participation as healthy <ul style="list-style-type: none"> ▪ <i>Medical model</i> 	<ol style="list-style-type: none"> 1. Fitness <ul style="list-style-type: none"> <i>Sport and physical activity as medicine/treatment</i> 2. Being a mental health service user <ul style="list-style-type: none"> <i>Mental health professionals in charge of our participation</i>
Participation as social <ul style="list-style-type: none"> ▪ <i>Social model of disability</i> 	<ol style="list-style-type: none"> 1. Belonging <ul style="list-style-type: none"> <i>Feeling connected to others, making friends</i> 2. Understanding and acceptance

Despite mental health (status) and how feeling this helps us take part

	3. Place and space
	<i>Our environment, the places we use and go to</i>
Participation as occupational	1. Something to do
<ul style="list-style-type: none"> ▪ <i>Occupational justice</i> 	<i>Wanting to be active and doing something</i>
	2. Doing, being and becoming
	<i>How life has changed, (transformatory potential) 'changing lives through sport'</i>
	3. Barriers and authenticity
	<i>Limits and restrictions to taking part and how this has altered the form of the football and taking part</i>

Table 5.1 The collaborative analysis framework

The discursive frame of 'participation in a community-based football team', which was constructed from the above three discourses will now be outlined in greater detail below. Following this the application of the analytic framework and the continuing analysis process will be presented.

5.2.1 Participation in a community-based football team as the discursive frame

The intention of this section is to outline the discursive frame constructed from the three distinct discourses that have emerged from the preceding literature review, the findings from the first strand, the Research Steering Group discussions, and ultimately the collaborative construction of the analytic framework. These are the three main ways used to describe participation in sport by people with experience of mental distress. In line with Foucault's archaeological approach to knowledge, which is concerned with how boundaries of thought and knowledge come to be determined over time and will be outlined in greater depth in chapter six, the theoretical roots of each of the three discourses will be outlined, before a summary of the current concerns and themes.

5.2.2 Participation as healthy

This discourse includes knowledge produced by the medical profession and conceptualised in the medical model of health. Such a discourse constructs the fit and active body as healthy, and the unfit and inactive body as unhealthy (Pylypa 1998). Participation in sport and physical activity is considered a panacea, a viewpoint that has been reinforced over the last two decades through the publication of various reports, policies and strategies (Department of Health 2004; 2010; 2011b; 2011a; Department for Culture Media and Sport 2015; Sport England 2016). There is a personal obligation and individual responsibility to maintain good health through such participation, ideally on a daily basis and to accumulate 150 minutes of moderate-intensity physical activity over a week (Department of Health 2011c). The following quote illustrates the construction of physical activity as form of treatment within a medical model frame:

“...the potential benefits of physical activity are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’”. (Department of Health 2010, p21).

The *participation as healthy* discourse also incorporates a growing consensus that taking part in sport and physical activity can be important aspects of mental health and physical promotion for people with experience of mental distress, underpinned by an expanding evidence base from various disciplines (Bull et al. 2010; Hagell 2016; Hendrickx & van der Ouderaa 2008; Dugdill et al. 2009). Consequently, improving the physical health of people with experience of mental distress has featured in government policy over recent years (Department of Health 2011a; Department of Health 2014; NHS England 2016) and participation in physical activity is recommended to varying degrees in the National Institute of Health and Clinical Excellence (NICE) guidelines for depression (2009a); depression with chronic physical health problems(2009b); schizophrenia (2009c) and dementia (2011). This is also fundamental to the tendency for marginalised groups to be understood as abnormally ‘inactive’ and for mental health interventions to become focused on how *individuals* might be supported to become more active, rather than addressing the complex social determinants and processes that contribute to such a situation (Activity Alliance 2018; Hammell 2015).

5.2.3 Participation as social

This discourse has its roots in the social model of disability, which can be seen as being developed from a dissatisfaction with the limitations and reductionism associated with the medical model of health. The social model acknowledges broader influences on health, such as social, cultural, economic and environmental factors, rather than just disease and injury (Anastasiou & Kauffman 2013). Research has extended thinking to the broader social benefits that might arise from

participation in community-based sports projects (Sherry 2010; Walseth 2006) and contemporary sport policy makes connections between participating in sports and the development of social bonds and networks (Department for Culture Media and Sport 2015; Sport England 2016b).

Additionally, the *participation as social* discourse incorporates knowledge from the social model of disability, which views disability as resulting from the way society is structured, organised and built, rather than by a person's condition or difference. A study by the English Federation of Disability Sport (2013) has indicated that, in comparison to non-disabled people, less than half the number of disabled people in England participate in sport or physical activity for 30 minutes once a week. This is despite the same research showing that seven in ten disabled people want to take part in more sport and physical activity, such findings suggest that disabled people experience specific barriers and challenges to participating in sport and physical activity and that the solution to enabling more people to participate might lie in making changes within society itself. Such a perspective moves beyond simply educating groups that are perceived to be 'inactive' in terms of regular participation in sport and physical activity and this has been acknowledged in contemporary sport strategy (Sport England 2016b).

5.2.4 Participation as occupational

This discourse is rooted in the concept of occupational justice and the knowledge arising from the academic discipline of occupational science. The term occupation is central to the work and practice of occupational therapists and can be defined as '*A group of activities that has personal and sociocultural meaning, is named within a culture and supports participation in society*' (Creek 2010, p25). The concept of occupational justice takes a rights-based approach to people's participation and is

centred around a view that people have a unique set of occupational capabilities, needs and routines within the context of their environment. The concept holds that people have the right to exercise their capacities to promote and sustain their health and quality of life. Barriers to participation in meaningful occupation are considered injustices, termed occupational deprivation, marginalization, alienation, imbalance or apartheid (Durocher et al. 2014). Occupational therapists believe that people have an innate drive to do, or in other words that human life and human function are synonymous – people have an intrinsic motivation to participate and be active, in order to discover their potential and develop their capabilities. Occupational therapist and occupational scientists are now developing an evidence base for a specifically occupational perspective of participation in sport and physical activity (Alexandratos et al. 2012; Moloney & Rohde 2017; Mynard et al. 2009; York & Wiseman 2012).

5.2.5 Summary

This chapter has presented the findings from the first strand of this study, in the form of both the four themes derived from the three World Café events, and also the collaborative analysis framework that was subsequently informed by the four themes and used in the analysis of the data from strands two and three. The methods used in strands two and three will now be detailed in the following chapter.

Chapter 6: Methods for strands

two and three

6.0 Introduction

This chapter outlines the methods of data collection and analysis employed in the second and third strands of this study. Both the second and third strands involved in-depth qualitative walking interviews (Chang 2016; Clark & Emmel 2010; Emmel & Clark 2009). The third strand was a follow-up to the second strand, because it took place after the group of football players had transitioned from participating in football as part of the PMA as a formal charitable project, to becoming a self-organising community-based football team who met weekly. The timings of the second and third strand walking interviews in relation to the closure of the PMA London project are detailed in figure 6.1 below.

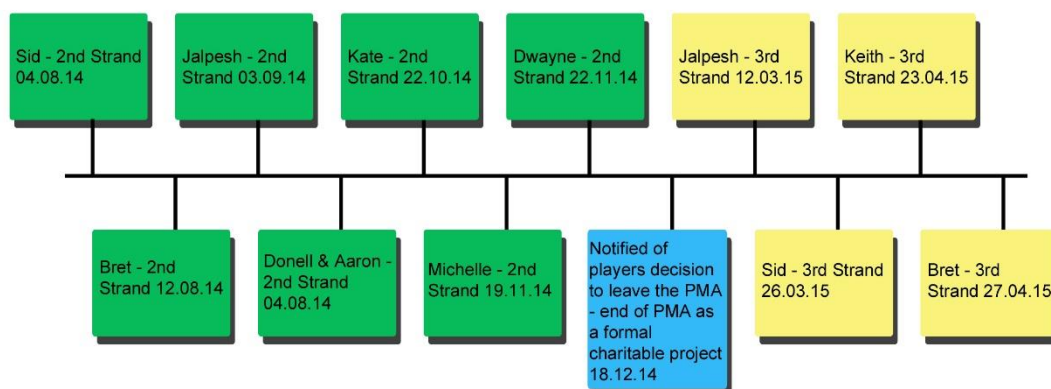


Fig. 6.1 Timeline of the walking interviews

6.1 Planning the walking interviews

At the time of the second strand of data collection, the PMA Sports Academy was a registered charity with projects in London and Wakefield. Whilst negotiating and planning the second strand we discussed the importance of the research providing a confidential and individual space, as the opportunity to speak privately and in-depth about the individual experience of participating in the PMA was not afforded through the World Café method as part of the first strand. At this time of planning within the Research Steering Group, we also discussed the need to deliberately design the strands of the study to contrast against each other, in terms of methods, in order to offer different ways and opportunities of being involved. The planning of the second strand of data collection also occurred at a time when the PMA was experiencing increasing uncertainty, in terms of financial resources and the potential discontinuation of the London project. Within the Research Steering Group discussions, these feelings of uncertainty were connected with plans about trying to capture, through the research process, the uniqueness of the PMA and the role players' report it to have in improving and maintaining their health.

Additionally, significant organisational changes had resulted from the PMA's increasing financial restrictions, in terms of staffing arrangements and the places and spaces that the PMA has over time occupied and operated from. One significant change for the London project was a move from occupying space at the Hackney Marshes Centre (a modern mainstream sporting facility funded by Hackney Council) to a small clubhouse room attached to a local Family Mosaic project (a housing association for people with experience of mental distress). There were also recent, largely resisted, pressures for a few players to change from playing football with the PMA to playing within the statutory mental health setting they were also accessing (for example, within hospital premises), or a free access community team attached to

a local premiership football club, rather than that provider having to separately fund their participation in the PMA. This was expressed within the Research Steering Group as an issue over which several players had little choice or control, which perhaps eventually contributed to their decision to break away from the PMA to form a self-organising community-based football team that did not require governance, funding or the involvement/approval of mental health professionals.

In line with the study's design of three inter-related strands, the second strand sought to further explore the dominant themes that emerged from the first strand, such as how the nature and value of participation in the PMA is compromised by the PMA's increasing financial vulnerability as a charitable third sector organisation. Linking back to the literature review in Chapter two, this was approached from a fundamental position of access to meaningful occupation being a matter of justice, and people being occupational as well as social beings (Hammell 2015; Hammell & Beagan 2017; Stadnyk et al. 2010).

Participation in the PMA largely involved being outdoors and accessing places and spaces outside of conventional statutory mental health services, for example, training pitches and public sporting facilities. For the purposes of this study, places and spaces are defined as including both the various physical environments that are pragmatically involved in people's football participation (for example, the PMA offices, changing rooms, astro-turf and grass pitches) and also the more elusive spaces that have evolved to mean something within the context of becoming and being a football player (for example, the 'clubhouse' room and the post-training community café that players frequented). From within these places and spaces new social relationships, networks, and occupational opportunities were constructed. During this period there was a noticeable decline in the number of people engaging

with the PMA, suggesting that these changes impacted in some way on how people experienced the organisation and the value they derived from it.

6.1.1 Second strand research question and aims

The second strand sought to explore the various factors that might influence the nature and value of participation in the PMA, in particular the places and spaces individuals frequented as part of becoming and being a football player. Through discussion in the Research Steering Group the following research question was agreed for the second strand:

- How is the nature and value of player's participation in the PMA influenced by place and space?

Three related aims were agreed as:

1. To explore how players characterise their participation in the PMA and the places and spaces involved
2. To understand how place and space might influence the nature and value of participation in the PMA
3. To utilise walking interviews and photography as methods of data collection that are culturally in tune with participants' lives and values

6.1.2 Walking interviews as a data collection method

Similarly, to when planning the first strand of the research, the Research Steering Group were keen to identify a method of data collection that would be flexible and accessible, and support players in articulating their thoughts and experiences.

Conventional research interviews were initially proposed as a method of data collection, with a plan that they would be conducted during participation of a familiar activity (for example, over a game of pool in the PMA clubhouse) for players to feel comfortable and for discussion to occur naturally. However, it was acknowledged that this might feel quite contrived and may not really enable discussion in the way that was intended. Through discussion and as the research question was agreed, it was established that there was an interest within the Research Steering Group in capturing the community and social aspects of people's participation in the PMA as these had been referenced frequently during the first strand. There was also a wish that people would be able to 'show' as well as 'tell' during the interview process. For this reason, walking (Evans & Jones 2011; Jones et al. 2008) or go-along qualitative interviews (Carpiano 2009) were agreed as the method of data collection, as they would provide the opportunity to explore in detail the social places and spaces that participants identified as important in terms of both taking part in the PMA and their health.

Walking or go-along interviews are a relatively new methodology in health research and involve the researcher exploring the research context with the participant in real time, with the participant in the role of expert guide explaining the meaning of the environment (Garcia et al. 2012). It is argued that they capture the natural relationship between health and place in a participatory manner (Cummins et al. 2007) and that richer and contextualised data is generated because participants are prompted by meanings and connections to the surrounding environment (Carpiano 2009; Chang 2016; Clark & Emmel 2010; Emmel & Clark 2009). Similarly to previous activity-orientated data collection (Redwood et al. 2012) this method of data collection avoids the direct style of questioning associated with conventional qualitative interviewing, which might be considered particularly problematic for people with experience of mental distress in terms of being reminiscent of contact

with mental health professionals. In comparison, mobile or walking interviews provide a sensitive and familiar (to the players) way of facilitating expression.

For this study walking interviews were felt to be particularly relevant given that the nature of participation in the PMA was synonymous with being outdoors and frequenting specific places and spaces (for example, football training pitches, local community cafes, the clubhouse). This is supported by Elwood & Martin (2000) and Salmon (2007) who have suggested that interview sites should be more than just convenient research locations and should be representative of an aspect of the participant's identity. Importantly for this research study and its epistemology and methodology, walking interviews have also been identified as more democratic than conventional data collection methods, as they enable the co-construction of knowledge with participants playing a role in shaping the direction (both literally and metaphorically) of the interview and therefore readdressing the power dynamic often inherent in research (Butler & Derrett 2014). The walking interview approach facilitates collaborative participation and some researchers have found this to be conducive to participant frankness and openness (Chang 2016; Carpiano 2009). Additionally, in other studies utilising walking interviews, it has been suggested that the environment might well shape some of the interview discussion, which in turn takes the pressure off the participant and interview script and allows for a more dynamic and spontaneous conversation (Hodgson 2012; Holton & Riley 2014).

6.2 The addition of a third strand

After data collection for the second strand had commenced, an additional third strand of data collection was added somewhat unexpectedly, as the PMA London players made an announcement that they had collectively decided to leave the PMA and set up their own self-organising community-based football team. They

articulated that this decision was driven by a belief that the closure of the PMA London project was inevitable, and that they therefore wished to make their own decision and arrangements in advance. This decision, its bearing on this study, and its relationship to the broader PAR methodology, are discussed in Chapter eight. The specific intention of the third strand was to explore the organisation's transition from being a formalised charity to a self-organising community-based football team. Separate funding was successfully sought from the Institute of Social Psychiatry, via the Royal College of Occupational Therapists (Appendix D), to enable the additional strand to be completed.

The research question for the third strand was agreed as:

- How is the nature and value of player's participation impacted by the transition to become a self-organising community-based football team?

6.3 Recruitment

Ethics approval for the second strand was granted by the University of Essex Faculty of Science and Health Research Ethics Committee on the 5th June 2014 (Appendix N). An amendment to allow for the additional third strand was subsequently approved on the 5th December 2015 (Appendix N).

The opportunity to participate in the walking interviews was communicated via a flyer (Appendix O), which was posted on the PMA website and passed around and read out at preceding training sessions, match days, and team meetings. All potential participants were provided with a copy of the PIS and a consent form, (Appendix P) and the opportunity to discuss with me the study and their potential participation. The same arrangements for monitoring capacity were adopted for strands two and

three as used in strand one and detailed in Chapter four. A copy of the PIS and consent form for strand three is also provided in Appendix Q.

The walking interviews used purposive sampling (Robson 2011), a form of non-probability sampling, in that they involved people who took part in the PMA Sports Academy in some way. The inclusion criteria was:

- Individuals who participated in the London PMA Sports Academy in some way (for example, as a player or coach)
- Individuals who had an interest and/or role in supporting the work of the London PMA Sports Academy (for example, as employees, family members of players, funders or trustees)
- Individuals willing (and able) to give informed consent
- Individuals willing to engage in the activities required to collect data and complete the research study.

A copy of the questions asked in the second and third walking interviews is provided in Appendix R. By the time of the third strand, individuals were no longer formally part of the London PMA and for this reason the third strand had slightly different arrangements in terms of recruitment and ethics. For example, snowballing was used as a method of recruiting one participant who had stopped participating in the PMA, and participants were asked to provide contact details for a next of kin on the consent form, should any issues arise during the walking interview process. In order to uphold the inclusive ethos of the study it was not necessary for people to have participated in a second strand walking interview in order to participate in a third strand interview, and vice versa.

6.4 Participants

Details of the nine walking interviewees are provided in table 6.1. The sample included six PMA players and three past and present members of staff. Seven males and two females, with an age range of 34-55. The Research Steering Group made a specific decision to make the PMA London project the focus of strands two and three, and therefore the Wakefield NEETS population was not included. This was because we felt this was a group of people who services and support were frequently being diverted from, in terms of them being past or present users of statutory mental health services. For example, many PMA players were experiencing being discharged from community mental health services back to their GP, and this was often perceived as a reduction in support rather than a positive step a recovery process. However, this decision was also informed by the practicalities and cost of several trips to Wakefield to conduct interviews.

Strand two				
Name (Male/Female)	Age	PMA role	Mental health care	Living arrangements
Sid (M)*	Mid 50s	Player/coach	Secondary	Supported housing
Bret (M)*	Mid 40s	Player	Secondary	Supported housing
Jalpesh (M)*	Early 50s	Player	Secondary	With family
Donell (M)**	Mid 30s	Player	Primary	Supported housing
Aaron (M)**	Mid 30s	Player	Secondary	With family
Kate (F)	Mid 40s	Staff	N/A	N/A
Janette (F)	Early 40s	Staff	N/A	N/A
Dwayne (M)	Late 30s	Player/Staff	GP	Independent
Strand three				
Jalpesh (M)	Early 50s	Player	Secondary	With family
Sid (M)	Mid 50s	Player/coach	Secondary	Supported housing
Keith (M)	Mid 30s	Player	GP	Supported housing
Bret (M)	Mid 40s	Player	Secondary	Supported housing

**Participants who returned to participate in strand three*

***Participants who chose to be interviewed together*

Table 6.1: Strands two and three: Walking interviewees

6.5 Conducting the walking interviews

I conducted each of the walking interviews, as a researcher that had been known to each of the participants for several years. The alternative of using some of the funding resources to enable data collection via an external researcher who was unfamiliar to the players was discussed and resisted by the Research Steering

Group, as they felt there was a value in the knowledge I and they already held about each other.

The players who completed the interviews were generally interviewed before or after a training session and therefore often dressed in their football training clothing. In this sense the interviews started from participants positioning themselves as a PMA player. Participants were provided with clear guidance prior to the interview and invited to show and tell me about the spaces and places that are involved in them taking part in the PMA. However, unlike some walking interview methods and to fulfil lone working procedures, participants were given a specific geographical boundary that incorporated the Marsh Hill, Mabley Green and Hackney Marshes areas (Appendix S), as the public spaces synonymous with participation in the PMA. This introduction of a geographical boundary fits with a suggestion in the literature that walking interviews are ideally suited to studies with specific physical boundaries, such as homes, schools, communities and neighbourhoods (Garcia et al. 2012). Additionally, participants were invited to photograph, using a digital camera, spaces and places that we encountered that they felt to be of relevance and significance to them. At the end of the interview the walked route was highlighted on a map of the area and any photographs that had been taken were also discussed. It is hoped that this demonstrated the value of the photographs within the data collection method and ensured that any analysis of the images began with the participant's own interpretation. It was also intended that such location information situated and grounded the interview within its wider context.

The interviews were recorded using a discreet lapel microphone and a small pocket recorder, so it was not immediately obvious to observers that a research interview was taking place. This was compromised if players were wearing a sports kit with no pocket, as this meant they had to separately hold the recorder throughout the

interview, although it was a small, black digital recorder that could easily have been mistaken as a mobile phone by a passer-by. Through the use of the walking interviews players seemed to be put at ease, with the resulting conversation feeling dynamic and natural. Players were also able to set the pace of the interview quite literally, with some choosing to walk the entire time and others choosing to spend some time standing in a place or being seated in a local community café. The diversity of routes taken (none of the participants chose the same route) and the amount of movement that took place further demonstrated the dynamic nature of the interview approach and the individual nature of players' stories' and experiences. The flexibility of the interview approach was also demonstrated when two participants chose to be interviewed together. Additionally, I perceived the walking interviews as quite natural in their occurrence and this was demonstrated by the lack of attention given to myself and the players by other people in the environment. At times, the player was approached by someone during the interview and they conversed briefly before going on their way, with the other person seemingly unaware that a research interview was being conducted. Some players chose to use the interview opportunity to complete other tasks (e.g. purchasing food, visiting a café they used to work in) and in this sense disruption was minimal and the data collection was inclusive of people's everyday lives.

It is acknowledged that the walking interview data collection method was limited by both the weather and the time of day (in terms of the potential busyness of locations and therefore traffic noise and the ability to take photographs). For this reason, the timing of the interview was negotiated with each participant and most of the interviews took place during the summer months in the typically quieter out of football season period. This is also arguably a limitation, as the study will therefore be unlikely to explore how players' use of PMA spaces and places is impacted by changes in season and weather (Carpiano 2009). However, this was not a specific

focus of this research study. It is also acknowledged that the nature of walking interviews may render them inaccessible for people who have limited mobility and/or find it difficult to be in large, open, public spaces.

The walking interviews did not take more time than conventional interviews, as the interview took place simultaneously to the tour. Typically, the process took about 90 minutes. Likewise, the cost of conducting the interviews and the required equipment is similar to other more conventional interview approaches. Although the use of recording equipment did present challenges during the walking interview process in addition to those inherent in conducting a stationary interview, such as buttons on the recording device being inadvertently turned off while walking, muffled recordings because of wind and passing traffic, lapel microphones falling off, and encountering non-participants. The contextualised and dynamic nature of the interview also presented some logistical data recording and analysis difficulties, for example, players gesturing or indicating something nonverbally about a PMA place or space. To address these potential gaps in recorded data I prompted players to verbally describe what was being pointed out and photographs were taken to record significant places and spaces.

I kept a field diary to note information about the interview itself and observations about how players engaged with the places visited. Overall it was intended that such a data collection method provided the opportunity to move away from the superficial or rehearsed narratives of the place, and give an understanding of the more every day, mundane and less easily storied spaces, that might be overlooked within a more conventional sedentary interview (Evans & Jones 2011; Holton & Riley 2014).

6.6 Deciding the data analysis method

As stated previously, the Research Steering Group wanted the second strand of data collection to offer participants a confidential and individual space to talk about their experience of participation in the PMA. It was the Research Steering Group's interest in the subjective nature of participation in the PMA, coupled with the element of historical inquiry - as participation evolved over time and was influenced by organisational changes - that informed my suggestion to the Research Steering Group of using discourse analysis and the work of Foucault, as the method of data analysis for the second and third strands. However, through such suggestions and lengthy group discussions it became apparent that it was difficult to easily distinguish between different data analysis methods and it was therefore agreed within the Research Steering Group that I should make the decision in terms of the specifics about the analysis method. This was likened to our earlier agreement about me completing the paperwork and processes associated with gaining ethics approval. However, members of the Research Steering Group emphasised that they were still keen to then explore how they might then subsequently be involved in the analysis process, and this is where the idea of incorporating what came to be known as the analytic framework was developed from, which was briefly outlined in Chapter five and will now be explained in greater detail below in terms of the chosen data analysis method.

6.7 Data analysis: Second and third strands

Consistent with the study's philosophical and theoretical commitment to exploring issues connected with power, marginalisation, collaboration, and the co-construction of knowledge, was our use of discourse analysis for the second and third strands. Discourse analysis is a broad and diffuse approach to qualitative research,

predominantly concerned with the analysis of language and text, including interview transcripts (Arribas-Ayllon & Walkerdine 2008). However, it has also been asserted that discourse analysis can be utilised more broadly and creatively, to inform the analysis of comics, film, and sign language, for example (Parker 1999).

There is an approach to discourse analysis that has developed from the work of Foucault, a French philosopher, but which takes widely varying forms. Indeed, there is little homogeneity within such work and therefore rather than identifying a form of discourse analysis as Foucauldian, this approach to data analysis should be viewed as incorporating a set of practices, which will be outlined in greater depth below in relation to three main dimensions. Discourse, as defined by Foucault, refers to:

“...ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern.” (Weedon 1997, p108).

Indeed, when Foucault uses the term ‘discourse’ he is not referring to a particular section of text or instance of language use, but rather he was describing the rules, systems and divisions of a particular body of knowledge. Foucault understood this in two ways – the institutional *partitioning* of knowledge and the *practices* through which certain objects, concepts and strategies are formed. However, as mentioned above, Foucault resisted formalisation and therefore did not provide a comprehensive explanation of his research methods, as he was opposed to constructing grand narratives that seek to justify claims to knowledge and truth (Springer & Clinton 2015). Instead Foucault’s discourse analysis is approached as a methodological standpoint, although it can be understood as incorporating three interwoven dimensions:

6.7.1 Power

Central to Foucault's work is a concern with *power*, indeed he considered knowledge and power as so inextricably linked that he often wrote them as power/knowledge. He was concerned with how power relations in society are expressed through language and practices, and how dominant discourses therefore render certain practices permissible and desirable (for example, being active on a daily basis), whilst marginalising other practices and rendering them undesirable (for example, being inactive). Foucault asserted that this was why some categories of thinking and lines of argument come to be regarded as truths, whilst other ways of thinking, being and doing are marginalised. Such power/knowledge establishes who it is possible to be and what it is possible to do. Foucault's work therefore has particular relevance to the pursuit of an occupationally just society, which seeks to enable diverse ways of being and doing, in line with individual needs and capabilities (Durocher et al. 2014).

Foucault argued that power should not be understood as exclusively oppressive, but also as productive, and that power constitutes discourse, knowledge, bodies, and subjectivities. Power in a Foucauldian sense is not the possession of individuals, but rather it operates *through* individuals by acting on their actions. (Jorgensen & Phillips 2002). This form of data analysis therefore attends to the mechanisms of power and offers a description of their functioning. What it allows for are questions relating to how some discourses maintain authority, how some 'voices' get heard whilst others are silenced, who benefits and how, thus aligning with our aspirations of researching with the seldom heard. Or in other terms, addressing issues of power, empowerment, and disempowerment. This is felt to be relevant to this study as both the work of the PMA and the study itself seek to address and explore issues of power, for example in terms of the organisation referring to people as players rather

than mental health patients and seeking their active involvement in all stages of the research process. Furthermore, it aligns with this study's chosen theoretical paradigm of critical theory, in terms of seeking to address issues of power and subjugation.

6.7.2 Historical enquiry

Foucault did not use the word history in the conventional sense, indeed he has variously termed this the 'archaeology' or 'genealogy' of knowledge production. Indeed, Foucault's work is divided between an early archaeological and a later genealogical phase, although the two overlap. In his archaeological phase Foucault was interested in studying what the rules were that determined which statements were deemed to be meaningful and true, within a particular historical period. In his genealogical phase Foucault developed a theory of power/knowledge. Therefore, a dimension of Foucault's method of discourse analysis is the potential for it to explore both the PMA's historical trajectory and the trajectory of people's participation in the PMA, along with the irregularities and discontinuities these will inevitably contain, and how these relate to power relations. Foucault asserted that there were particular knowledge systems that primarily informed thinking during certain periods of history, which he referred to as 'epistemes'. Such analyses reveal how discourses may have altered over time; and avoids the potential for a single 'grand narrative' to emerge from the analysis, which does not acknowledge any inherent inconsistencies (Burr 2015). Foucault felt that a different episteme dominated each epistemological age, for example the dominance of psychiatric medicine in relation to mental health. Foucault sought to question how some discourses have created and shaped meaning systems that have gained the status of 'truth' and therefore dominate how we organise and define ourselves within our social world, whilst other discourses are

marginalised and subjugated, and thereby offer sites of potential 'contest' where hegemonic practices can be challenged and resisted.

6.7.3 Subjectification

Subjectification refers to participants taking up different subject positions within a discourse and how subjects might seek to fashion and transform themselves.

Foucault's work emphasised that the subject was not so much a 'thing' but rather a *position* maintained within relations of force – the football player, the mental health patient, the friend. Therefore, discourse analysis offers an explanation of the local and diverse positioning of subjects within relations of power. Analytically understanding how people position themselves is relevant to the PMA research because the study's overarching research question is concerned with the nature and value of participation, which will mean different things to different people. It is also relevant that the PMA is an organisation that actively seeks to position people differently (as a democratic organisation that promotes active citizenship, with little distinction between staff and players) in comparison to statutory mental health services. In Foucault's work a subject is created within a certain discourse, but it is not the subject itself who produces the knowledge, but rather the discursive formation of which the subject is only a single part.

To uphold the study's PAR methodology, the data analysis process of the second and third strands involved several layers, which were all discussed and agreed within the Research Steering Group. Each data analysis layer will be outlined and explained below, although the layers should not be understood as neat sequential stages or steps, as the process was much more iterative.

Data for each walking interview took the form of the interview transcript, the mapped walking route for each participant, and any photographs that the participant took during the interview. As described in the previous chapter, before the closing of each walking interview (and while the recorder was still on) the walked route was highlighted on a map of the area and any photographs that have been taken were discussed with the participant. It was intended that this would bring together the interview discussions and the photographs and ensure that any analysis of the images began with participant's own interpretations, in line with the study's participatory approach. This discussion space also offered a valuable opportunity to pause together at the end of each interview, to reflect on anything that the participant felt they may have omitted or wished to expand on further.

Each interview recording was then transcribed verbatim using the transcription software Express Scribe and for some of the interview recordings with the assistance of a professional transcriber who was employed through using some of the research funding. Any transcription process involves interpretation of the spoken language, and what and how to transcribe was determined in view of the research questions. For each interview the recording was transcribed in its entirety, including both mine and the interviewees' talk. The exceptions to this was when sections of the recording were inaudible (for example due to traffic noise) or the flow of interview talk was interrupted by a third party for a period (for example, someone stopping us to ask for directions). However, where this did occur it was indicated in the transcription so that it was not 'lost' within the process of interpretation. As a detailed micro-linguistic analysis was not being undertaken in this research study a simpler version of transcription than, for example, the Jefferson's system (Jorgensen & Phillips 2002) was adopted and discussed with the professional transcriber to ensure consistency across the process of transcribing all the interviews. The agreed

approach showed pauses in talk, silent periods, overlaps in speech, between speakers, background noises, and was not punctuated.

Following transcription, all the interview transcripts were then transferred to MAXQDA, a software package designed to support qualitative data analysis. However, the intention was not to use MAXQDA in its entirety in terms of counting or grouping word and phrases, as this would undermine the study's concern with the nature of meaning (Parker 1999). Instead MAXQDA was used to securely store, annotate and organise the data while the analysis was in progress and also to enable a corpus of statements to be identified using the analytic framework that was developed with the Research Steering Group and which was detailed in chapter five.

6.8 Applying the analytic framework

The analytic framework was then used by myself, in combination with MAXQDA, to examine each individual walking interview transcript in turn. At this stage, I focused on identifying a corpus of statements that were relevant to the research questions:

- What is the nature and value of participation in the Positive Mental Attitude (PMA) Sports Academy from the perspectives of those that take part?
- How is the nature and value of player's participation in the PMA influenced by place and space?
- How is the nature and value of player's participation impacted by the transition to become a self-organising community-based football team?

The analytic framework was therefore helpful in providing a structure to this and to ensuring I stayed focused on the three discourses we had identified, to then in turn identify anything that fell outside of these. The prominence of discourses was

determined through systematic examination of the data using the analytic framework to identify a corpus of statements, and then noting and highlighting within MAXQDA. However, this was very much an iterative process, where transcripts were worked 'downwards' (ie. as individual transcripts) as well as 'sideways' (i.e. looking across different transcripts, to identify points of difference and similarity).

The analysis was not thematic, and the intention was to map the discourses of the research participants against the analytic framework. This enabled me to find ways participants drew from or resisted the three distinct discourses. The analysis did not seek to establish a single grand narrative, and the discourses presented in the proceeding findings chapter include points of difference and contrast. The analysis process outlined below was informed by Arribas-Ayllon & Walkerdine (2008) and MacLehose (2014).

Additionally, the analytic framework allowed for statements to be organised in relation to time, which enabled me to begin to capture points of contemporary and historical variability within the statements. This was relevant when thinking about the nature and value of participation as occupational, as this included the occupational justice discourse and how changes in the PMA's resources restricted and enabled players' participation over time.

My downward analysis of each transcript then progressed to looking across all the transcripts, to find relationships between discourses, as well as contradictions and influences. The analysis process included considering and noting what subject positions the transcribed discourses offered, and in turn what kind of actions and activities such subject positions made possible or prohibited. Connected with this was an analytic consideration of power – how do the discourses support institutions and reproduce power relations? Furthermore, analytic attention was paid to the

problems that render a certain type of thought possible, referred to by Foucault as 'problematization'. According to him the 'study of problematization' involves asking how and why certain things (behaviour, phenomena, processes) become a *problem* and allows the analyst to take up a critical position to the present, tracing how discursive objects are constituted and governed.

Drawing upon data collected from the second and third strand walking interviews, the analysis therefore enabled a return to the study's original research question and aims. Below is a description of the analytic steps that we undertook.

6.9 Analytic steps

- 1 Before the closing of each walking interview (and while the recorder was still on) the walked route was highlighted on a map of the area and we discussed any photographs that had been taken. I intended that this would bring together the interview discussions and the photographs and ensure that any analysis of the images began with participant's own interpretations, in line with the study's participatory approach.
- 2 Each interview transcript was initially examined and read through by myself once, whilst I simultaneously listened to the interview recording and where relevant referred to the walked route map and photographs. Reading the interview transcript alongside this contextual data provided me with a reminder of the interview situation and the places and spaces that we had visited during the interviews, for example via background noises. I noted my comments and thoughts in my reflexive journal.

- 3 I then read each transcript for the second time. This time coding features within MAXQDA were utilised in order for the analysis to begin with the three dominant discourses outlined in the discursive frame and the analytic framework. However, attention was paid to when/if participants were at times drawing from additional discourses and the analytic framework was therefore not rigidly applied.
- 4 I then read each transcript for a third time. This time, I utilised the memo function within MAXQDA to note different types of Foucauldian analytic 'tools', such as particular technologies of power. I repeatedly referred to the research questions and my list of 'sub-questions' during all readings of the data set, to ensure I consistently applied the Foucauldian analytic tools to the data. A copy of the sub-questions and Foucauldian terms is provided in Appendix T. An example coded transcript is provided in Appendix U.
- 5 I formulated a table, to depict the presence of each of the three dominant discourses, which is presented in the next chapter.
- 6 The findings were written up for presentation in this thesis, supported by verbatim quotes.

6.10 Summary

This chapter has outlined the methods of data collection and analysis used in the second and third strands of this study. The use of a form discourse analysis that was informed by the work of Foucault is detailed. The findings from the strands two and three will now be presented in the following chapter.

Chapter 7: Findings from strands two and three

7.0 Introduction

This chapter details the findings from the second and third strands of this study, which are organised around the three primary discourses identified through the collaborative process of developing an analysis framework. The findings from the two strands are presented together, as the data from both strands was analysed together using the analysis framework developed (in part) from the first strand findings. As indicated in the methodology chapter (Chapter three), the analysis of the second and third strand data was not thematic. Rather, the discourses of the research participants were mapped against the analysis framework, to identify ways in which the participants drew from, or resisted, the three identified discourses using discourse analysis. In summary, discourse analysis can be understood as having a primary focus on *how* things are said, rather than *what* is said, as is conventionally the case in thematic analysis. It seeks to reveal power relations in society, and how certain practices and positions are rendered desirable and possible (Jørgensen & Phillips 2002).

The second and third strands of data collection had a particular focus on how place and space related to the nature and value of people's participation in the PMA, across two different time points. The second strand walking interviews were completed whilst the PMA was a formalised charitable project, whilst the third strand walking interviews occurred after it had become a self-organising community-based football team as a result of persisting resource restrictions. The specific timings of

the second and third strand interviews are detailed in figure 6.1, in the previous chapter.

7.1 Second and third strand findings: the walking interviews

As explained in the previous chapter, there were three primary discourses that were identified through the collaborative process of constructing an analysis framework, as being available to participants when talking about the nature and value of their participation in the PMA. These three discourses and their related aspects were:

- Participation as healthy
 - Fitness
 - Being a mental health service user
- Participation as social
 - Belonging
 - Understanding and acceptance
 - Place and space
- Participation as occupational
 - Something to do
 - Doing, being and becoming
 - Barriers and authenticity

Each will in turn be further detailed below and illustrated with participants' verbatim quotes. Quotations are accompanied by line numbers, enabling each quotation to be located within its corresponding transcript. While the three discourses will be outlined and developed separately, it should be noted that the discourses are interdependent, existing of and through each other. Indeed, there is interpolation in their use by participants and there is also a degree of interdependence in their description, whereby one discourse can to a degree be seen to be defined by or

through another. During the interviews the participants' talk did not stay wholly within the boundaries of the three identified discourses, and through the analysis I actively sought to identify where talk fell outside of the three discourses.

The nine interview participants drew on one, two or all three of the primary discourses in their talk over the course of the interviews, as illustrated in table 7.1 at the end of this chapter. The interchanging use of the three discourses by participants depended upon the context they were using to discuss their participation, for example using the *participation as healthy* discourse when talking about their initial referral to the PMA from within mental health services. At times the different discourses were also contrasted against each other, as there were different possibilities inherent within them. The findings relating to each discourse will now be presented in turn:

7.1.1 Participation as healthy

Discursive formation

Participation as healthy

Aspects

1. Fitness
2. Being a mental health service user

Table 7.1 Participation as healthy

The first discourse to be presented in this findings section is *participation as healthy*. This discourse has its roots in the medical model, in terms of participation in sport and physical activity being viewed as health enhancing, and being particularly dominant in policy, strategy, and practice in the arenas of public health, mental health, and sport. This discourse constructs the fit and active body as healthy, and

the unfit and inactive body as unhealthy (Sport England 2016; Department for Culture Media and Sport 2015; Public Health England 2016).

The first aspect of this discourse was agreed as 'fitness', a view that participation in sport and physical activity has value in terms of enhancing health. This discourse is shaped by research evidence suggesting that people with experience of mental distress are at greater risk of developing certain physical health problems, due to issues such as weight gain and a sedentary lifestyle, often linked to the side effects of taking medication. This discourse is initially illustrated by participants' own references to their health and them positioning the value of their participation in the PMA as enhancing it. However, of note is that to draw from this discourse participants must, on some level, implicitly accept that they are unhealthy or unwell in some way because it is an inherently medically delimited discourse. Although of note is that some participants referred just to their physical health aspirations.

Several of the participants connected their participation in the PMA to weight loss, thus drawing from the *participation as healthy discourse* and constructing themselves as needing to lose weight. In the following extract Jalpesh discusses his weight loss and makes a direct connection with that and his participation in the PMA. Jalpesh is a long-term user of mental health services and is also an original PMA player, who has maintained some level of involvement throughout the existence of the organisation:

Extract one: Jalpesh (second strand walking interview):

273 "Well my health like I said before have improved a lot from day
274 one about 100% I lost 2.5 stone so was 12 stone now I'm 10.5
275 um have become more like I said um more active my mind my
276 body my soul and spirit I become more more mobile..."

Jalpesh states that his health has *“improved a lot”* (line 273). However, within the latter part of this extract he makes mention of other, broader, benefits he perceives himself to derive from his participation in the PMA, perhaps suggesting that the *participation as healthy* discourse is an insufficient frame under which to capture all of the participants’ talk about the array of benefits they perceive themselves to get from taking part in the PMA, as they extend beyond just fitness and weight loss.

Within the following extract another PMA player, Aaron, responds to a question from me about participating in the PMA and being part of a football team. He also refers to weight loss, as well as his hernia improving. Team-mates Aaron and Donell chose to complete their interview together and at the end of the extract Donell also refers to his own weight loss, though connecting not just to his participation in the PMA but also to attending a gym as another form of physical activity and exercise:

Extract two: Aaron and Donell (second strand walking interview):

346 Aaron: *“...I lost six stone so feel much*
 347 *better and my hernia calmed down.”*
 348 Anna: *“Oh you had a hernia?”*
 349 Aaron: *“Yeah.”*
 350 Donell: *“I lost I lost twenty-three kilos but not just from*
 351 *coming here but the gym as well I lost twenty-three kilos yes so”*

Later in the same interview Aaron responds to a question from me about participating in the PMA and being part of a team, likening it to being part of a family:

Extract three: Aaron (second strand walking interview):

456 *“...it’s like being in a*
 457 *little family sort of thing because you’ve got to look out for each*
 458 *other and like you’ve got to encourage each other and*
 459 *basically you’re you are as good as your weakest player you*
 460 *know so I think it’s quite good because you can build*
 461 *friendships and you know it’s not just about winning but it’s just*
 462 *everything about it is good fitness it’s good for health it’s good*
 463 *for everything”*

Aaron uses the words “*it is good fitness its good for health...*” (line 462) to describe his experience of participating in the PMA and again draws from the *participation as healthy* discourse. However, also within this extract Aaron refers to other benefits besides those associated with health and fitness, for example building friendships. This again might be a point where the *participation as healthy* discourse is insufficient for talking about the plethora of benefits and outcomes derived from participation in the PMA and the social processes that surround experiences of mental distress.

Participants did not just talk of their own perception of sport and physical activity as health enhancing, but also the perspective of others. In the following extract Sid talks about his participation in the PMA and refers to his perception of what his doctor thought of it. Thus providing a sense of how the power/knowledge of the *participation as healthy* discourse is used as a form of social control, as the doctor determines what is permissible and desirable. Sid is a service user with a long history of inpatient and community involvement with mental health services, as well as being involved with the PMA since 2010:

Extract four: Side (third strand walking interview):

51 “...on a Thursday like today for
 52 PMA I would usually come even I don't belong to either
 53 [names two PMA teams] because I you know I wanted to um do
 54 something for the time that I've got you know um my doctor is
 55 quite pleased that I do things like football whatever some sort
 56 of activity you know going to the gym and that during the day
 57 he's quite happy for me to do things like that he thinks it's
 58 healthy...”

He introduces his doctor quite abruptly and unexpectedly here, and immediately positions his participation in the PMA as something his doctor views as positive because it is “*healthy*” (line 58), making a connection to the medical model view of

participation in sport and physical activity as treatment or medicine, although he does not expand on what he might mean by the word healthy. A similar construction of the doctor approving and controlling participation in the PMA is echoed by Donell, who is a player who has been involved with the PMA since 2012:

Extract five: Donell (second strand walking interview):

102 *“Yeah I had I had been ill and I had a problem*
 103 *with my heart I was put on tablets so the doctor told me that I*
 104 *can’t do any training or exercise for about six months eight*
 105 *months yeah so I couldn’t play for that long which I really felt it*
 106 *was getting me down not playing for that long but now I’m*
 107 *alright now everything is okay so yeah so I have been playing*
 108 *for the last since June I think maybe end of May...”*

In contrast to the above extracts, Janette challenges the dominance of the participation as health discourse within her talk and suggests that participation in sport and physical activity is at times unhealthy, and that it needs to be carefully monitored and controlled. Janette is an occupational therapist and the founder of the PMA. In her interview Janette problematises an early experience from when she was initially establishing the PMA as a service within an NHS context (it was some time later that it became a social enterprise and subsequently a charity) and positions the medical staff, the doctors within that NHS trust, as resistant to her idea of involving people with experience of mental distress in playing football:

Extract six: Janette (second strand walking interview):

707 *“...the doctors were telling me they could have fits if*
 708 *they were playing football in the sun and you make them too*
 709 *competitive and I didn’t know and I said no they won’t cos I*
 710 *know about their body functions from my personal training and*
 711 *I know all about the body things I know all about fitness and I*
 712 *know all about when to bring it up and when to bring it down a*
 713 *session so...”*

This reveals discourses as sites of contest and resistance. Janette positions herself as directly challenging the doctors attempts to suggest that playing football that was “*too competitive*” (lines 708-709) could lead to those who took part having “*fits*” (line 707). Although it is however interesting to note that Janette’s challenge also draws from the medical model, as she asserts that she has a sufficient understanding of the health risks associated with participating in sport and physical activity from her personal training experiences, which will enable her to avoid such risks as she knows “*all about when to bring it up and when to bring it down*” (line 712). Another alternative interpretation could be that Janette deliberately chose to challenge the doctors using their own frame and line of reasoning.

The second aspect to the *participation as healthy* discourse is ‘being a mental health service user’, in acknowledgment that the nature of participating in the PMA is that it occurs within the context of participants being mental health service users and the PMA starting life as an initiative within an NHS mental health trust. During discussions relating to the construction of the analysis framework players indicated that they felt their status as a mental health service user was significant within this discourse, as they believed it to compromise their (physical) health, for example through the sedation and weight gain that occur as side effects of psychiatric medications. This was particularly illustrated in the second strand interviews, when participants responded to a question from me about how they originally came to be involved with the PMA. Participants’ responses tended to begin from the subject position of being a mental health service user. Indeed, when talking about how they initially came to be involved with the PMA several of the participants spoke of the process of being referred to the organisation, and therefore power being held by the referring professional, in terms of them being dependent on them to enable their introduction and initial participation. Additionally, participants talk of the discipline surrounding their daily lives as a mental health service user, in terms of community

leave restrictions and even the housing environment they reside within. Such statements can be linked to the concept of discipline (Foucault 1977), which refers to the regulation of the behaviour of individuals. This might be through time (for example, the amount of time for which they are permitted to be on leave from hospital) and activities (such as the activities they are permitted to participate in while on leave).

In the following extract Sid tells me how he came to be involved with the PMA, referring to the necessity for community leave and a referral via an occupational therapist as part of the social practices of the mental health system:

Extract seven: Sid (second strand walking interview):

31 *"I um never heard*
 32 *of PMA until one day when I was going to the gym with...um...*
 33 *[staff name] one of the P...PEI* gave me a lift and he asked me*
 34 *if I liked my football and I said to him yeah I told him I played*
 35 *football whenever I can and I prefer football to most sports you*
 36 *know I am mad about football and he said would I like to come*
 37 *down... had I got leave to come...' cos I'm going in the*
 38 *community I have got leave to um... come down to Hackney*
 39 *Marshes and train with the PMA 'cos he was involved with that*
 40 *um... I said yes he referred me to my...um... OT he referred*
 41 *me to OT knew my OT I told him to get in touch with the OT*
 42 *because that was the way things were done if it wasn't her it*
 43 *might be my uh primary nurse"*
 44 *Anna: "Okay"*
 45 *Sid: "So...to ask permission and that so that is how we began and*
 46 *uh um...(.) I came down with [staff name] and two other*
 47 *guys..."*

**Physical exercise instructor*

Sid indicates that he is reliant on established processes (such as a system of community leave) and staff members from within the psychiatric system, who have the power to make the referral and talk from the position of being a mental health service user. Although Sid himself talks of directing the physical exercise instructor

(PEI) to the relevant staff member he otherwise ascribes all agency to the staff members involved in his care whilst he is cast in a position of dependence that requires him “...to ask *permission and that...*” (line 45). This extract is indicative of the *participation as healthy* discourse, specifically the medically constructed ‘being a mental health service user’ aspect, which puts mental health professionals in charge of deciding leave allowances and making referrals to appropriate organisations as part of the patient’s treatment regime. Sid’s justification of “...because that was the way things were done” (line 42) is suggestive of some passive acceptance of his position as a mental health service user, and the way things are organised and controlled within a medically dominated mental health system. In contrast to such talk is the later extract from Sid’s interview (extract 37), where he speaks from the subject position of a football player and team captain, employing the relevant language and terms of “*captain*” “*pitch*” and “*team mates*” (lines 829-834).

This discourse and the subject position of a mental health service user is then echoed in Bret’s interview, when he also talks to me about his initial involvement with the PMA and tells me he was referred to the organisation by two staff members involved in his mental health care. Bret is a PMA player with a long history of involvement with mental health services:

Extract eight: Bret (second strand walking interview):

63 “...I was referred by my referrers were [staff name] who runs
 64 the [mentions another local community mental health project]...
 66 ...yeah and I think [staff name] referred me plus [names housing association]
 are my
 67 housing association and my like personal housing officer [staff name]
 68 she’s moved on now she referred me as well”

Of interest in Bret’s extract is not just his reference to being referred, but also that he refers to his housing association, providing a further sense of the discipline that is

enacted through the mental health system and the dominance of the medical model, as he constructs his status as a mental health service user also determining his housing environment and his housing officer having a role in his referral to the PMA. Furthermore, participation in the PMA is constructed as an adjunct to conventional mental health treatment, perpetuating the subject position of a mental health service user in relation to participation in sport and physical activity.

A further sense of the discipline, and in Foucauldian terms the 'disciplinary society' that is the mental health system (Foucault 1977), is provided in the below extract from Sid's third strand interview, where he talks about how the requirement to have a regular depot injection (a slow release form of administering psychiatric medication) and how this in turn sometimes shapes his participation in the PMA as it requires him to leave at a certain time to travel to his depot appointment every four weeks:

Extract nine: Side (third strand walking interview):

627 *"...sometimes on a*
628 *Thursday like when the game is going on for a little longer I*
629 *have to leave early because every four weeks I get my depot*
630 *and everyone is used to that now I try not to go like it's only if*
631 *we can't get these fifteen goals to stop the game..."*

Offering a counter to this is an extract from Keith's interview, where he suggests that in fact the football provides an escape from his status as a mental health service user and connects his recent avoidance of inpatient mental health admissions with his participation in the PMA:

Extract ten: Keith (third strand walking interview):

53 *"I've never dropped off unless I've been unless I had a injury to*
 54 *deal with or my mental health deteriorated where I had to go*
 55 *into hospital and stuff I never really had an admission since the*
 56 *football the football is probably one of the things that has*
 57 *helped me keep out of hospital because it's given me*
 58 *something positive to focus on rather than my mental health*
 59 *dominating my life and stuff because it's like a job to me it's*
 60 *like my first job although I have worked like this was like a work*
 61 *for me "*

Within the above extract Keith constructs his status as a mental health service user as "*dominating my life*" (line 59) and likens his participation in the PMA to work in terms of the position it holds in his life. This provides a sense of how participation in football might provide the potential to challenge established power relations within the mental health system and enable the construction of the alternative subject position of a football player.

Of interest is that across all of the 11 interviews there was very minimal rejection by participants of the notion of them being unwell in some way (either physically and/or mentally) and the passive acceptance and construction across their talk that their various health needs and problems, when constructed under a dominant medical model, positioned them as different in some way. However, the stark contrast to this was Dwayne's interview. Dwayne was originally a player within the PMA but later became a staff member, as well as being a long-term user of inpatient and community mental health services. Within his interview he spoke at length of his rejection of the medical model, likening its dominance within mental health services, and the failure to fully embrace alternative approaches, to cognitive dissonance. He reported privileging the work of Peter Breggin (an American psychiatrist who rejects medical approaches to treating mental distress). In the extract below, Dwayne contrasts his experience of conventional, statutory mental health services with his experience of the PMA. Within his talk he connects his perception of Janette's

deliberate intentions to equalise people within the organisation and notions of normality. Towards the end of the extract he begins to refer to the conventional mental health system asserting being “sick” and “unwell” (line 808-10):

Extract 11: Dwayne (second strand walking interview)

790 “...Janette was she it it adds into what I was
 791 saying before about being part of something where you um
 792 forget your troubles and like you're doing you enjoy but also
 793 how she viewed it as we were it's almost like we were like her
 794 she was you know not like she was like us but we were like her
 795 she was just a normal person we were normal people that's
 796 how it felt we were you know I am in a situation I am the
 797 member of staff and you're the patient that's how it is so that's
 798 the difference I think we were all normal there at that you know
 799 because I remember the little video we did where she says oh I
 800 didn't normalise them I awakened them that's that's the thing I
 801 remember from the video that that Ashley shot where she is
 802 sitting on in in in the on the beach somewhere in Greenwich
 803 somewhere yeah not on the beach but you know what I mean
 804 the pier river yeah so um that is it making us realise that we
 805 are normal that's it and but you don't really you don't get a
 806 chance to realise that because everyone is checking out
 807 because you're sick you're just you've been unwell so you're
 808 unwell you're taking these medications because you're sick so
 809 it's like you are perpetually sick you're always sick I'm sick sick
 810 sick...”

Dwayne continues slightly later in the interview:

Extract 12: Dwayne (second strand walking interview):

851 “...recovery means different things to
 852 different people for professionals taking your medication and
 853 be able to sustain everyday life for people who use services
 854 some of them it's that as well but to me it's like recovery from
 855 what but um I go to him oh I was diagnosed with bipolar but I'm
 856 no longer bipolar say what you what I never heard of that
 857 before you can't have something and no longer have it why
 858 see what I'm saying the the the paradigm is once you're given
 859 that it's different to become even like someone who's a
 860 criminal who commits a crime you commit a crime thirty years
 861 ago and you never commit a crime again you're still a criminal
 862 because you've got a criminal record but with mental health if
 863 you've not committed a crime you become unwell and you
 864 never become unwell again you're still mental health you've
 865 still got a label...”

Dwayne therefore closely connects the dominant medical conceptualisation of experiencing mental distress with a sense of stigma, exclusion, and othering within society. Similarly, to Keith, Dwayne appears to value the escape that participation in the PMA and the football offered him in this sense: "...you forget your troubles.." (line 792), against the enduring nature of a mental health diagnosis.

In summary, the *participation as healthy discourse* appears omnipresent in the walking interviewees' talk, although it is insufficient in capturing the full nature and value of participation in the PMA. Crucially, their subject position as a mental health service user is connected within interviewees' talk as shaping their participation in the PMA through the Foucauldian concept of discipline, associated with the medical model mental health system (Foucault 1977). Therefore, this subject position and context is integral to the nature of their participation in the PMA, and the sport of football, as it perpetuates the construction of it as an adjunct to conventional mental health treatment.

7.1.2 Participation as social

Discursive formation	Aspects
Participation as social	<ol style="list-style-type: none"> 1. Belonging 2. Understanding and acceptance 3. Place and space

Table 7.2 Participation as social

The second discourse is *participation as social*, which has its roots in the social model of disability. The social model of disability can be seen as existing in response to the limitations and reductionism associated with the medical model. It acknowledges the broader influences on health, such as social, cultural, economic

and environmental factors. It also views disability as arising from the way society is structured, rather than a person's condition or difference. During the collaborative process of formulating the analysis framework the first 'belonging' aspect was particularly connected with talk captured and represented in the 'being part of a team' finding from the first strand of this study. This aspect is therefore concerned with how participants construct their participation in the PMA as connected to their social environment and how this in turn fosters a sense of belonging. Interestingly, for several participants, such talk appears to relate to the subject position of being a mental health service user, as several of them relate a sense of belonging to participating in the PMA alongside other people with experience of mental distress.

In the following extract Bret is talking about the importance he attaches to everyone who participates in the PMA having some experience of mental distress.

He directly relates this shared experience to his perception of a sense of belonging:

Extract 13: Bret (third strand walking interview):

319 Anna: "Was it important for you though that the other
 320 players had mental health... was that helpful in some way?"
 321 Bret: "No that was very important very important"
 322 Anna: "Can you say why was that important for you?"
 323 Bret: "Well because um very important because first of all you're
 324 relating to other people like it's part of belonging there's a
 325 sense of belonging because you've all been through similar
 326 problems you know but like before PMA or before Arsenal in
 327 the Community project um I couldn't play football because if
 328 you just play football you know just sort of so-called normal
 329 members of society basically strangers first of all I don't know
 330 them and secondly because of my condition that it is very
 331 rarely that people are sympathetic to your condition because
 332 they're just probably be afraid or they think you're weird or
 333 something like that and it causes problems you know and I
 334 could easily get into fights so I just avoided going to the park I
 335 wouldn't play football in fact I couldn't play any kind of sports
 336 you know but obviously when I heard about PMA it actually
 337 you know there's professionals there there's people there who
 338 um who specialise in the you know the kind of problems um
 339 and your conditions so basically I think the main thing is I just I
 340 didn't feel threatened and I didn't feel I'd been misunderstood
 341 and it's just a sense of belonging so that I think that was the
 342 main thing that there was other people there I could relate to
 343 who'd gone through problems that I'd gone through"

Within the above extract Bret talks of his social environment and contrasts two experiences – that of feeling prevented from participating in football and any other forms of sport in contexts where “*so-called normal members of society*” (lines 328-329) are, to being amongst other people with experience of mental distress at the PMA and therefore his participation in the football being enabled. He is talking therefore of not feeling as if he fits into wider society, but there being a normative appeal to participation in the PMA as those who take part have the shared experience of mental distress. What is also of note here is the continuation of the *participation as healthy* discourse and the dominance of the medical model, which positions people as either having “*conditions*” (line 339) or not, and an attraction of the PMA being that it had “*...professionals there there's people there who um who specialise in the you know the kind of problems and um your conditions...*” (lines

337-339). Therefore, the shared experience of everyone taking part in the PMA having some experience of mental distress can be considered relevant to both the nature of participation and its value, in terms of it being something that appears to motivate and sustain participation. Of note here is that the marginalisation created by the dominance of the *participation as healthy* discourse is sustained through the mental health service user subject position, and that such exclusion then in turn necessitates the creation of a new centre in the form of the PMA, organised around the shared experience of mental distress.

The shared experience of mental distress being constructed as positive is continued in the below extract from Keith's interview. He responds to a question from me about what he feels the outcomes have been for him in relation to his participation in the PMA. Similarly, to Bret, Keith's talk is structured to draw contrast between his experiences inside and outside of the PMA:

Extract 14: Keith (third strand walking interview):

405 Keith: "Yeah the culture and staying grounded at home like with my
 406 bills cooking managing managing relationships and my family
 407 and among friends and keeping fit hygiene yeah just doing
 408 everything I am supposed to do and it might have been due to
 409 just how other players was living their lives as well so it rubbed
 410 off on me to do the same yeah so on that note just um
 411 becoming a product of my own environment but it's a good
 412 environment the right environment that we all was in the same
 413 boat like with mental health difficulties we could relate to
 414 people's problems over medicating or low confidence or feeling
 415 judged or feeling out of place no I felt like I didn't feel out of
 416 place with my own personal issues as well as those so on that
 417 note yeah I learned a lot from other people around me if that
 418 makes sense?"
 419 Anna: "Yeah no that does make sense and was there
 420 anything that felt difficult that didn't feel so positive or
 421 now is there anything that feels difficult or not so positive
 422 about the experience or ..."
 423 Keith: "... Well yeah as much as I didn't feel judged there was times
 424 when I did feel a little bit judged put down and made to feel
 425 smaller if I was subbed and not used as a sub these were like
 426 the early years like when players was being picked we had lots
 427 of subs back then and we couldn't all get on to play because
 428 the teams was like seven or eight a side and it feels like fifteen
 429 of us I'd find myself maybe not playing in some matches or if I
 430 did play it would be that I didn't feel confident enough to do my
 431 job good on the pitch so I would find myself like frozen out of
 432 the team for other better players to play and that used to tick
 433 me off a little bit but that's quite natural like even that football
 434 professionals"
 435 Anna: "... would feel that?"
 436 Keith: "You have to compete with others and be confident and not
 437 worry about what people might think if you get things wrong
 438 and stuff and I was coming through a transitional period where
 439 I was constantly worrying about what others might think to the
 440 point where my football wasn't really good enough or if I wasn't
 441 scoring a goal then I was going to be out and whatnot so there
 442 was those things to deal with just not feeling good enough in
 443 myself for it to transfer onto the pitch and then I'd be subbed
 444 and whatnot and then I'd have to deal with that struggle as well
 445 as my low confidence yeah"

Of interest in the latter part of Keith's extract, is his talk turning to the negative experiences he has had within the PMA, here his talk constructs participation in the PMA as competitive and personally undermining at times. Such talk again links back to the *participation as healthy* discourse, exposing how constructing participation in

sport as a universal panacea is insufficient. Additionally, the extract “...*but that’s quite natural like even that football professionals...*” (line 433-434) exposes a second element to the normative appeal of participating in the PMA – the experience of participating in a mainstream sport the football and how this connected to managing when things felt difficult.

The nature of participation in the PMA is therefore complex, with a sense of changeable positive and negative aspects. Connecting very closely with the first aspect of ‘belonging’ is the second aspect of the participation as social discourse, which is ‘understanding and acceptance’. At several points in the players’ interview talk they constructed the PMA as a space that provided them with much more than just the opportunity to play football, and that this was integral to them remaining involved with the organisation over relatively long periods of time and through varying life and health circumstances. Participants spoke of the PMA providing them with a refuge, positioning it within their talk as having value, i.e. as a safe and tolerant place, where they could be themselves and feel understood and accepted despite their experience of mental distress. Such talk links closely with a social model, considering how social processes might alleviate or exacerbate experiences of mental distress. Players spoke of this being enabled through their shared experiences of mental distress, although this was not overtly and explicitly discussed amongst themselves, but rather took the form of a more unspoken, shared understanding that they all had that in common and that was communicated by their presence and involvement in the PMA. This shared understanding was positioned in players’ talk as being critical to enabling their participation. Indeed, for several of the players, this sense of understanding, safety, and refuge was spoken about as being in sharp contrast to other areas of their daily lives, where they felt stigmatised and excluded. Thus highlighting the environmental factors that can obstruct or enable participation. Concern for the judgement and stigma people with experience of

mental distress encounter is illustrated in Keith's interview extract below, when he refers to the PMA as contrasting with these experiences:

Extract 15: Keith (third strand walking interview):

68 *Anna: "So being with other people with other players"*
 69 *Keith: "Without the judgement and the stigma that comes from people*
 70 *who don't know you or don't have any opportunity for you so I*
 71 *felt like this was an opportunity for me to get into a group and*
 72 *not feel like I'm all by myself"*

Keith positions the PMA as an opportunity, an opportunity to be part of a group of people, a team, and for him to not feel alone. This is an interesting point of departure in comparison to the other players who, despite the shared and team nature of the football had not referred to any social aspirations in relation to their participation, although it does still speak as a counter to the persisting exclusions that they may all experience. Indeed, other players did talk of the difficulties associated with accessing the opportunity to play football, though these were not just restricted to perceived stigma due to their experience of mental distress and included other issues such as restricted income, again linking back to the social model of disability.

In the following extract from the same interview, Keith talks further about the value he believes his participation in the PMA has had for him. He begins by indicating that he feels this is because the organisation was concerned with more than just getting people involved in playing football and narrowly responding to the 'national inactivity problem' from a *participation as healthy* perspective:

Extract 16: Keith (third strand walking interview):

160 *"it*
 161 *wasn't you come and play football and then you buzz off and*
 162 *you go and do what you want they was like every week there*
 163 *was a check-in we used to go on little trips places yeah really*
 164 *good really good"*

In an extract from later in Keith's interview, he responds to a question from me about what has kept him involved with the PMA over the years, particularly as he has had periods of ill health and time away from the organisation, but then returned to participate again:

Extract 17: Keith (third strand walking interview):

255 *"I like football I like the buzz of it I like the guys I play with I*
 256 *like the guys we play against I like there's there's there's no*
 257 *judgement I like to be in an environment where there is*
 258 *minimal judgement like I can't work through a market or even a*
 259 *high road from my house without someone attacking me*
 260 *somewhat because I'm that little bit more eccentric than the*
 261 *society around do you know what I mean so like here I fit in I*
 262 *slot in and even though it's not like a normal work environment*
 263 *that pays me a salary for me that that that's it that's what's*
 264 *keeping me safe until new opportunities arise so I'm not going*
 265 *to throw away a good thing doesn't make sense yeah"*

Keith begins his response by referring to an enjoyment of football, but then extends this with the statement "*I like the guys I play with I like the guys we play against I like that there's there's no judgement*" (lines 255-257), a statement which is suggestive of the collective nature of football as a team sport and the culture of the PMA offering something helpful to him in terms of a place of refuge "*keeping me safe*" (line 264). He explains his sense of there being no judgement at the PMA by describing contrasting experiences from his everyday life – namely walking in the community near his home and feeling threatened and vulnerable. Keith positions himself as part of the PMA: "*...I fit in I slot in...*" (lines 261-262), again contrasted against experiences in his daily life when: "*...I'm that little bit more eccentric than the society around*" (lines 260-261). Later in the extract Keith then compares the PMA to a work-type environment:

"it's not like a normal work environment that pays me a salary for me that that that's it that's what's keeping me safe until new opportunities arise so I'm not going to throw away a good thing doesn't make sense yeah" (lines 262-265).

Again referring to a sense of safety that he attributes to the PMA and also an intention of continuation “...until new opportunities arise...” (line 264). Contrasting with the sense of judgement, stigma and exclusion Kevin has talked of is the suggestion of a normative appeal to occupy his time in a meaningful way in the extract above. This again constructs a sense of the social processes that surround experiences of mental distress and how participation in football can provide the opportunity to challenge dominant ways of being and doing.

The shared experience of mental distress also appears particularly helpful to Sid, although he makes an important distinction when he states that this is due to a sense of understanding rather than it being openly discussed or players directly asking each other about it:

Extract 18: Sid (second strand walking interview):

638 Sid: “Yeah everyone has got... the common thing is the mental
639 illness you know what I mean everyone understands where
640 you are coming from you know what I mean they have met
641 people like me before and its nothing new to them you know
642 what I mean”
643 Anna: “Yeah”
644 Sid: “If I am shouting they will say calm down before you give
645 yourself a heart attack or something like that [laughs] you’re the
646 old man and that’s a far as it goes really no-one takes the mick
647 no-one does ask me what... I’ve done... my offence all they
648 know is I am mentally ill like they are and I have a mental
649 illness....yeah... its not not enough to worry about going
650 somewhere else and the stigma and the prejudice... I can relax
651 here you know I don’t have to question anybody as soon as
652 anybody comes I know they have a mental problem...”

Sid suggests that the mutual understanding that arises from the shared experience of mental distress allows things to go unsaid and unquestioned between PMA players. Furthermore, he describes not feeling he needs to question new arrivals as their mere presence and involvement automatically communicates their experience of mental distress. Thus, suggesting a backgrounding of the dominant *participation as healthy* discourse and subject position as a mental health service user. Indeed,

Sid states that PMA players have encountered people with experience of mental distress previously and it is therefore not something that is novel or new for them.

Sid then goes on to describe how team-mates might use humour to diffuse a situation but that this would not extend to taking “*the mick...*” (line 646) perhaps suggesting a shared emotionality, where as a team they are able to be responsive to each other’s emotional tone, alongside the shared experience of playing football.

This shared understanding and acceptance of the experience of mental distress, and the communal and collective nature of participation in the PMA, is also further illustrated in Jalpesh’s extract below, when he talks about the group of players as ultimately becoming one: A collective team that works together through the activities associated with being a football team and belonging to an organisation such as the PMA:

Extract 19: Jalpesh (second strand walking interview):

188 *Jalpesh: “...and see the*
 189 *whole team the whole network we all grouped together one*
 190 *being one song one soul one spirit and we all helped each*
 191 *other to move on forward by for example helping each other*
 192 *saying a goal the posts and you know just doing mundane*
 193 *things to help other people learning cup of tea even...”*

Prevalent within Jalpesh’s short extract are his references to helped, helping and help, when he refers to the team and how they supported each other to move forward, perhaps through supporting teammates in everyday activities such as making tea in the clubhouse after a training session or match.

In contrast in staff member Kate’s interview, she suggests that these additional activities and micro occupations were deliberately facilitated at times, to enable player development through, for example, giving a player money to buy refreshments for the team after a game:

Extract 20: Kate (second strand walking interview):

512 *“...we’d um encourage them to um take*
 513 *the money interact with their peers in terms of what food would*
 514 *they like what drinks would they like so again it was just that*
 515 *mind map off of the football again of different aspects to uh*
 516 *yeah beyond the playing football really developing them as*
 517 *individuals”*

Towards the end of the above extract Kate makes the somewhat ambiguous statement of the football involving different aspects and a sense of developing the lives of those who chose to take part beyond just involving them in playing football. Unsurprisingly as a health professional, Kate draws from the *participation as healthy* discourse.

Later, in his third strand walking interview, which occurred after the London PMA project had ceased, Jalpesh returned to the shared, micro-occupations that occur outside of the football. He refers to going to a cafeteria and playing pool with teammates and uses the words “*reassuring*” (line 78) and “*relaxing*” (line 79) to describe them, emphasising their value as part of his participation in the PMA. Jalpesh also then goes on to connect these shared occupational opportunities with the development of other identities and relationships with his teammates:

Extract 21: Jalpesh (third strand walking interview):

75 *“Well basically speaking Anna it gives me a chance to get out of*
 76 *the house and see my mates again every day every week so I*
 77 *know what they’re going through so we go to the cafeteria*
 78 *sometimes have a game of pool which is really reassuring and*
 79 *really relaxing because to give them something to chill out with*
 80 *them apart from football and basically speaking I said how*
 81 *many times I think my team as a player as a mate as a friend*
 82 *as a manager I think since Dave was it improve a lot I’m there*
 83 *for themselves to help them get better because they deserve*
 84 *people like me to help them and get out of the house go out in*
 85 *society and change it all because nowadays the politics are*
 86 *making it harder people who suffer depression...”*

Within this extract there is also a sense of the discipline participation in the PMA provides – a reason to get out of the house and a range of associated activity opportunities. There is also a sense of how the safe and inclusive environment of the PMA supports participation in football and other occupations, such as pool. Draws from the participation as social discourse and highlights the broader influences on health, such as the culture of the PMA.

Similarly, to Jalpesh, later in his interview Sid expresses that he feels there is more to the experience of participating in the PMA than the football and the commonality of their experience of mental distress, he also suggests a sense of moving forward and development, although he does not elaborate further on this occasion:

Extract 22: Sid (second strand walking interview):

1358 *“you could gain something you know... didn't just stay*
1359 *together 'cos you're mentally ill so you can play football together*
1360 *and that's it you know you can gain things...”*

Later in his interview Bret also talks about how playing football with the PMA has had value in terms of enabling his own development, providing the impetus to reduce his smoking, and that being and working as part of a team has challenged his own perceptions about other people. Therefore, suggesting development occurs at both an individual and team level:

Extract 23: Bret (second strand walking interview):

335 “Yeah I mean obviously I’ve cut down smoking because when
 336 you’re playing football you know I used to smoke before a
 337 match or before a training session I don’t do that anymore
 338 because obviously it affects your breathing so it’s helped me
 339 cut down my smoking apart from getting me out of the house it
 340 does keep me fitter plus it helps you to like learn like people’s
 341 skills which is like socialising and getting on with other people
 342 that you normally wouldn’t play football with its helped me find
 343 out about myself just about responsibility getting up every
 344 morning and just working as a team there’s a lot of people that
 345 I wouldn’t have really talked to that I wouldn’t have trusted but
 346 when you’re in the team you’re working towards one objective
 347 you know so you train together and even people I don’t like I
 348 sort of accept them as part of the team try and take nothing
 349 personally you know so it’s helped me get on better with
 350 people I normally wouldn’t even talk to or have anything to do
 351 with yeah...”

In this extract, Bret acknowledges that the team may include people he does not like, but the sense of being a team and having a shared intentionality “...*working towards one objective...*” (line 346) enables him to challenge these feelings and he states “...*so it’s helped me to get on better with people I normally wouldn’t even talk to or have anything to do with...*” (Lines 349-351). Therefore, the nature of participating in the PMA as an organisation for people with experience of mental distress has a value not just in terms of a player experiencing understanding and acceptance towards themselves and their own circumstances, but also how they come to understand and accept their teammates.

This sense of refuge and belonging is echoed in the following extract from Aaron, when he refers to the PMA as “...*like being in a little family...*” (lines 456-457) and refers to the need to encourage each other and the opportunity to build friendships:

Extract 24: Aaron (second strand walking interview):

453 “Um I think when you’re part of any team I think
 454 like it can it can reveal character from people I don’t think it
 455 makes character I think it reveals it I feel like um I feel like it
 456 gives you something to do you are not like it’s like being in a
 457 little family sort of thing because you’ve got to look out for each

458 other and like you've got to encourage each other and
 459 basically you're you are as good as your weakest player you
 460 know so I think it's quite good because you can build
 461 friendships and you know it's not just about winning but it's just
 462 everything about it is good fitness it's good for health it's good
 463 for everything".

Aaron refers to working on any weaknesses together as a team, rather than as individuals. Again, suggesting that motivation extends beyond themselves when participating in a collective team sport of football, which requires people to perform an activity in a mutually responsive and inter-connected manner. Staff member Dwayne describes this sense of a powerful collective within the concept of a therapeutic relationship. He indicates that this was a connection and experience that extended to the whole group of PMA players, rather than just one individual:

Extract 25: Dwayne (second strand walking interview):

775 *"I think that I put in*
 776 *basic terms the therapeutic relationship was of a high essence*
 777 *it was all round not just on one particular you know for the*
 778 *whole group"*

However, there were also points of departure and the experience of being part of a PMA football team was not consistently spoken about as a safe and comfortable one, again highlighting the complexity of participation and the limitation of considering participation in sport to be a universally positive experience. In the following extract Donell talks about some of the difficulties he has encountered and hints at it potentially contributing to mental distress through disagreements:

Extract 26: Donell (second strand walking interview):

437 *"Um it's been alright but it's been difficult like*
 438 *you know at times getting on and being a team you know that's*
 439 *been the hard part being a team yeah people argue with each*
 440 *other people [??, words unclear, 27.16] position they don't*
 441 *stick to it so it causes frictions and arguments and stuff like*
 442 *that yeah..."*

Extending on from the second aspect of the participation as social discourse is the third aspect of 'place and space', which is concerned with how participants more overtly connected talk about place and space with the nature of their participation in the PMA. This is where a significant proportion of the photographic data is presented, as participants chose to record or depict something about a place or space by choosing to take a photo of it within the walking interview process. The walking interviews and photographic data therefore focused on how place and space might enable or restrict participation. For Bret choosing to take photographs of places and spaces that we encountered during his walking interview and he associated with participating in the PMA was a deliberate action, with a purpose behind it:

Extract 27: Bret (second strand walking interview):

706 *Bret: "I think it was important to take the photos because people can*
 707 *see an idea of you know first of all where we play and secondly*
 708 *if they would like you know if they would like to come there one*
 709 *day I'm hoping they're just come there one day you know see*
 710 *the photos and think that's a very nice place I wouldn't mind*
 711 *playing there myself do you know what I mean so basically*
 712 *yeah..."*

Earlier in the interview Bret had specifically talked about the places and spaces associated with his participation in the PMA, almost in a tour like fashion. He was also quite directive about when and of what photographs should be taken. In reference to figure 7.1, a photograph of the Hackney Marshes Centre, he states:

Extract 28: Bret (second strand walking interview):

426 *Bret: "...so this is where on match days the teams the two*
 427 *teams come down from Yorkshire and Hackney and*
 428 *Haringey and the other London teams we all play here on a*
 429 *match day see I am ... actually massive pitches we play here in*
 430 *all types of weather autumn winter stuff like that yeah whatever*
 431 *the weather conditions are we come here on a match day and*
 432 *there's like several matches about maybe four to five teams*
 433 *and several matches going on so that sort of places yeah and*
 434 *this is the main building take a picture of that..."*



Fig. 7.1 The Hackney Marshes Centre (Bret)

This was the same in Sid's interview, during which he also pointed out particular places and spaces connected with his participation in the PMA and requested that these be recorded through photography. In contrast to Bret, who chose to photograph the Hackney Marshes Centre as the mainstream sports facility that the PMA had been able to use as a base when they were sufficiently resourced, Side chose to photograph the parts of a nearby mental health facility that were now doubling as spaces the PMA had permission to use.. These spaces were free in comparison to the Hackney Marshes Centre and served as places and spaces for pre and post-training or match discussion and changing. Such photographic data could be interpreted as a further depiction of the marginalisation that occurs when community sports projects such as the PMA are not sustainably resourced. It also provides a sense of the social practices that are made possible due to access to certain places and spaces:

Extract 29: Sid (second strand walking interview):

266 Sid: "Okay this is the conference room and the kitchens and...wash
267 room with machines and that this is the boiler room where we
268 keep our kit and that"
269 Anna: "Oh right"
270 Sid: "Yeah uh shirts shorts boots first aid box anything...football...
271 we share it with someone else but this is the main one"
272 Anna: "Oh right"
273 Sid: "Yeah we have got some more things but they're doing some
274 rebuilding...so... do you want to take a picture of um...?"
275 Anna: "Yes could do you can take it if you want"
276 Sid: "No you take it so you know what I am talking about yeah do
277 you want to take a picture uh... or have you got one of round
278 the [the clubhouse – gestures] already"
279 Anna: "No I haven't actually [pause – takes photo]"
280 Sid: "Yeah give you a better idea and take a picture of the laundry
281 room where we get changed and that"
282 Anna: "Yeah [takes photos – long pause] and one inside"
283 Sid: "Yea... okay you want to take a picture of [gestures to
284 clubhouse – pause while photos are taken] this is our main
285 offices okay"
286 Anna: "Your HQ I remember you talking about that..."
287 Sid: "So you've got a rough idea when you are putting together what
288 we have done... this is where we collect our keys and
289 everything [pause] hi this is where we collect our keys
290 [to the clubhouse] this is where the keys are kept "



Fig. 7.2 The laundry room/changing room (Sid)



Fig. 7.3 The 'clubhouse' (Sid)



Fig. 7.4 The boiler room/kit storage (Sid)

For some it seemed as if the photographs offered the opportunity to capture something that it was perhaps difficult for them to express in words. In the extract below Dwayne's talk becomes quite muddled in comparison to the rest of his interview, when he is directly asked to explain the pictures he has taken:

Extract 30: Dwayne (second strand walking interview):

1121 Anna: "Shall we talk about the pictures and why you've
 1122 taken them or why selected to take..."
 1123 Dwayne: "Right now that's not me that's me yeah well that that is that
 1124 picture there is um of Mabley Green just the pitch itself and um
 1125 that signifies it's an open space it's within the community and
 1126 it's an area where I don't know I developed as a person not
 1127 only in my mental health um where I I was able to balance
 1128 balance it you know that equilibrium where um that was a
 1129 starting point..."



Fig. 7.5 Mabley Green astro turf (Dwayne)

Within Dwayne's talk he constructs a particular connection between the place he has chosen to photograph and his personal development "*it's an area where I don't know I I developed as a person...*" and he also refers to the Mabley Green pitch being "*within the community*" (line 1125) perhaps suggesting that he wanted to highlight it as a mainstream, community space, rather than being a place under the auspices of the mental health system. Indeed, there appears to be a rejection of the *participation as healthy* discourse and a clear suggestion that such development was about much more than his mental health. Later on in the interview Dwayne recalls a childhood

connection with the spaces and places he also used as part of his participation in the

PMA:

Extract 31: Dwayne (second strand walking interview):

1186 *Dwayne: "...I remember coming here as a youngster as well when*
 1187 *I was like school we used to have matches here when I was*
 1188 *part of the school team and the yeah I hadn't thought of it*
 1189 *before until now like but um coming into it this role as a mental*
 1190 *health service or provider new building that just got built going*
 1191 *into the main office because we was in working in the main*
 1192 *office two people who they experienced mental health and it*
 1193 *wasn't a secret... I think don't keep*
 1194 *it secret it's not something I think should be kept secret..."*

In the latter part of the extract Dwayne refers to working for the PMA and the PMA office being based within the Hackney Marshes Centre, a mainstream sports facility based on the iconic Hackney Marshes. He states that it was not a secret within that space that they both experienced mental distress and then continues:

Extract 32: Dwayne (second strand walking interview):

1212 *Dwayne: "...Hackney Marshes being here being able to stay use the*
 1213 *offices the first time just built was important as well because*
 1214 *you know sometimes mental health service gets marginalised*
 1215 *oh we don't really want those people around us sort of thing*
 1216 *like to their credit I think it was down to Jodie Brown who*
 1217 *was a manager here obviously might have taken it back to his*
 1218 *his superiors but he might have put a good case forward for us*
 1219 *to be there so that I have to give [them] that as well that good*
 1220 *that they were able to allow us to work there and be use that*
 1221 *space for people who've used who have experienced mental*
 1222 *health to be a part of it..."*

Such talk is suggestive of a challenge to the marginalisation that people with experience of mental distress frequently encounter, through the access to and occupation of mainstream space at the Hackney Marshes Centre. Significantly the PMA was moved out of that building after a period though, due to an increase in costs. Indeed, within the extract above Dwayne positions the manager of the facility as being integral to the decision to allow the PMA to have some of the office space

and “...people...who have experienced mental health to be part of it...”. However, they then moved to the March Hill ‘clubhouse’, situated within a mental health facility. The nature of participation in the PMA and occupying and using such mainstream places and spaces is also referred to within Kate’s interview, as she talks about the Hackney Marshes Centre and the normative appeal it had as a realistic environment to participate in football:

Extract 33: Kate (second strand walking interview):

261 Kate: “...so Hackney Marshes for that period of time PMA was
 262 here really did provide good facilities for PMA and the the guys
 263 that were uh part of PMA yeah so it really created a realistic
 264 environment for playing football really un but again there was
 265 always the funding aspect around that um initially pitches were
 266 free and that didn’t last that was a concept that didn’t last so
 267 again it was always you know the impact was on the players at
 268 the end of the day in terms of the lack of funding so...”

These extracts draw heavily from the counter discourse of participation as social, emphasising how the environment and culture of the PMA, and places and spaces involved, enabled players to construct new practices of participation, as well as re-establishing old ones. Again, this allows for the mental health service user subject position to be backgrounded. A personal connection and childhood experience of the places and spaces associated with participation in the PMA was also constructed within Jalpesh’s talk within his third strand interview:

Extract 34: Jalpesh (third strand walking interview):

233 Jalpesh: “Yes yes yes this is Hackney Marshes and Mabley Green
 234 where I play football for a lot of since five years it’s like a home
 235 town for me my own base that’s where I belong now since born
 236 in Africa but I’m here now that’s where I belong it’s my home
 237 town and um my whole family was here...”



Fig. 7.6 Hackney Marshes (Jalpesh)

In the following extract PMA staff member Kate is also prompted by the nature of the walking interview and a visit to the Hackney Marshes, which leads her to talk of her associated memories of the PMA in relation to that place and space:

Extract 35: Kate (second strand walking interview):

221 *“...every Wednesday the guys would come along*
 222 *and it would just be positive the whole open space and um not*
 223 *only just playing the game but the excitement the speed of the*
 224 *game the cheering and the shouting that use to go with their*
 225 *and then walking up to the cafe so for me this area is where I*
 226 *have fond memories Hackney Marshes and um all the trials*
 227 *and tribulations of it that use to come here but um it was all*
 228 *part of the job really yeah so I find this is a really positive*
 229 *outdoor space for me personally and I know we have had*
 230 *some really good fun times on these Marshes playing football*
 231 *dressed up as elves and gnomes and father Christmas*
 232 *[laughs]”*

Of note is the connection Kate makes between the football an enjoyable experience and the environment in which the PMA activities took place: *“...the whole open space and um not only just playing the game...”* (lines 222-223) and *“...this is a really positive outdoor space for me...”* (lines 228-229) describing the place, the environment, as a component of the activity being a positive experience for those

participating. Although, as a staff member, Kate was an observer (sometimes a referee) rather than a player, the enjoyment she derived from these times is also apparent within her talk, as she refers to “*fond memories*” (lines 226) and “*really good fun times*” (lines 230).

The *participation as social* discourse appears to represent players and staff experiences of the nature and value of participating in the PMA, in terms of the feelings of belonging, understanding, and acceptance, which they constructed in their talk. Such aspects compensate for the *participation as healthy* discourse, which was an insufficient frame for the broader influences that participation in the PMA seems to have on health, such as social, cultural, economic and environmental factors. Place and space was a particularly significant aspect, illustrated by the photographic data that perhaps provided the opportunity for participants to include what was difficult to express in words. The findings in relation to the third discourse, *participation as occupational*, will now be presented below.

7.1.3 Participation as occupational

Discursive formation	Aspects
Participation as occupational	<ol style="list-style-type: none"> 1. Something to do 2. Doing, being and becoming 3. Barriers and authenticity

Table 7.3 Participation as occupational

The third discourse is *participation as occupational*. The first aspect of this is discourse concerned with fulfilling a drive to do, represented in the title ‘something to do’, in relation to participants taking part in the PMA. Indeed, a pattern that emerged consistently over the analysis of all the interviews was that the PMA’s focus on

providing football as an occupational opportunity, something to do, was something participants repeatedly constructed when discussing their decision to become involved. The first extract is from a second strand interview with Donell, a player who became involved with the PMA in 2012 after his care co-ordinator told him about it. The analysis of Donell's talk begins with an extract where Donell is talking about his circumstances at the time and how and why he became involved with the PMA:

Extract 36: Donell (second strand walking interview):

40 *"...I was in a situation where I wasn't doing*
 41 *nothing and playing football I was really ill I was seriously ill at*
 42 *that time had OCD and a bit of anxiety as well so because*
 43 *when he [his care co-ordinator] told me about the PMA I thought yeah why*
 44 *not*
 45 *because it's football and football is what I love I've always*
 46 *been good at football since I was younger but I put on a lot of*
 47 *weight I thought like I needed to do that get back down to how*
 47 *I was before so that's how it started really..."*

The extract begins with Donell describing a situation of inactivity "*I wasn't doing nothing*" (lines 40-41) therefore positioning the PMA as providing a place and space at which he could do something – to play football – within the existing structure of his everyday life. However, immediately there is a return to the *participation as healthy* discourse and the medical model being hegemonic; Donell's initial references are to his mental distress and his psychiatric diagnosis (lines 41-42).- Donell does not position football as something that is anxiety-provoking, suggesting he already, at that initial point of involvement, perceived the focus on football as something that would provide a safe and enjoyable space. Certainly, it is apparent in this extract that Donell constructs the PMA as providing a space to participate in football as an activity he enjoyed. Moving on in the extract Donell then turns to what participation in the PMA may enable him to become in the future. In lines 44-47 he states:

"I've always been good at football since I was younger but I put on a lot of weight I thought like I needed to do that get back down to how I was before".

Later on in the same interview (as Donell and Aaron chose to be interviewed together) Aaron talks of his circumstances at the time of his initial contact with the PMA:

Extract 37: Aaron (second strand walking interview):

283 *"I found it useful because obviously it was*
 284 *something to do somewhere to go and play football which*
 285 *helped me a lot because I wasn't doing nothing before so*
 286 *coming down and then me and Janette and Kate and it was*
 287 *really helpful you know you know they helped me and*
 288 *introduced me and I felt confident coming here and I was*
 289 *coming here every Wednesday and Thursday and playing*
 290 *football that's in that way it helped me I enjoy something that*
 291 *I'm good at and that I liked it helped me a lot playing football*
 292 *and stuff like that"*

Aaron's statement that he *"...wasn't doing nothing before...[his involvement with the PMA]"* (line 285) is very similar to Donell's (lines 40-41), in terms of constructing life as a mental health service user as a sedentary experience and positioning the PMA in his talk as a place and space that would provide the opportunity to do something – to play football – within his existing daily life structure. Although Aaron still makes no mention of any specific mental health difficulties and does not use any medical terms or language, he does state that he *"felt confident coming here [to the PMA]"* (line 288). What such talk provides a sense of is that inactivity appears connected to a lack of opportunity, rather than being constructed as difficult due to experiences of mental distress. Furthermore, being active and having something to do is constructed as desirable.

The second aspect to the participation as occupational discourse is 'doing, being and becoming', which was again an aspect that through the analysis process was found to be prevalent across both the player and PMA staff member interviews. Indeed, this was by far where most of the data was identified in relation to the analysis framework and was therefore extremely prominent across all of the participants' talk.

The following extract contains Sid talking about the value of participation in the PMA and when he became captain for one of the PMA football teams. He outlines a difficulty he has with remembering names and how, as team captain, he sought to develop a strategy for overcoming it as it was necessary for him to know the names of his teammates on the pitch:

Extract 38: Sid (second strand walking interview):

829 Sid: *"That was when I was captain yeah"*
 830 Anna: *"So kind of being captain and preparing the team*
 831 *and..."*
 832 Sid: *"All that it means is that you will be a bit vocal on the pitch and*
 833 *believe it or not sometimes on the pitch I would forget my own*
 834 *team mates names and things like that that was how my mind*
 835 *was all over the place that doesn't happen now as soon as a*
 836 *new person comes or something like that I try to remember*
 837 *their name that is something... like a goal that I have tried to*
 838 *achieve*
 839 *how I have done that. it's like... let's say their name is John and*
 840 *I know... the only John I know or the easy way to remember is*
 841 *John Wayne or something so I associate it like that and keep*
 842 *saying it over and over to myself so I don't forget their name"*
 843 Anna: *"Okay"*
 844 Sid: *"So I have never been good at people's names especially when*
 845 *I don't see them for a while a couple of days or that the next*
 846 *week they are coming in and you've said what is your name*
 847 *again you know what I mean so I have tried to remember their*
 848 *names and that is a goal I have achieved I do still forget some*
 859 *people's names but it is not as bad as it was before"*

This above extract is of interest when compared with the earlier extract from Sid's interview (extract seven) Of interest in this extract are lines 33-45, where Sid outlines the chain of communication that was required to enable his involvement. Sid also describes a difficulty he had with recalling people's names and how he developed a strategy for overcoming this as part of assuming the position of team captain. Suggesting that he has, in his own way, utilised playing football and being part of a team for therapeutic purposes. In this extract Sid positions himself as an active agent, who approaches the difficulty as something he can address and overcome himself:

"...I try to remember their name that is something... like a goal that I have tried to achieve" (lines 836-838).

However, the agency that is apparent in the second extract of talk appears to be threatened in the following third extract, which is taken from Sid's third strand walking interview and after the closure of the PMA as a formal charitable project in London. In this extract Sid begins by talking about a football group within psychiatric services he is now attending at the request of his psychiatrist, whilst his involvement in the community football team continues on a Thursday:

Extract 39: Sid (third strand walking interview):

119 Sid: *"...so um like I said I*
 120 *spoke to our doctor he was happy for me to go up there and do*
 121 *that so on Wednesday that's what I do from now on just go to*
 122 *Southgate and train with the ex-Haringey players and some of*
 123 *the Hackney boys as well come down come down there now*
 124 *since the PMA stopped like on the Wednesday like they used*
 125 *to come on a Wednesday so they still come on a Wednesday*
 126 *you know because they had the free time they could go*
 127 *anywhere else but because the time we start it suits everybody*
 128 *because that's what they've been used to so that's what I am*
 129 *doing on a Wednesday but when we come to Thursday here at*
 130 *the Marshes we're just carrying on as as if we're still in the*
 131 *PMA as if you know I stress that but the people on Hackney*
 132 *Marshes has not actually told us anything that they know we're*
 133 *not PMA or we are PMA they still provide us with facilities to*
 134 *change and what have you you know if we want to do washing*
 135 *we can do washing and kick the balls there you know..."*

Here Sid seems to return to the subject position of being a mental health service user, the statement *"...I spoke to our doctor he was happy for me to go up there and do that"* (lines 119-121) being suggestive of him deferring to, and seeking permission from, his psychiatrist in terms of how he spends his time and the organisations he accesses. Again, illustrating the discipline inherent within the mental health system and the rendering of some social practices as undesirable. When juxtaposed with Sid's later extracts of talk, which are concerned with continuing to use the community football facilities of Hackney Marshes without formally establishing *"that they know*

we're not PMA or we are PMA" (lines 132-133) there appears to be a contradiction that is perhaps reflective of their changing organisational status and consequently a fragmented subject position.

Sid's position is somewhat echoed by another player, Keith, who talks about his participation in the PMA and playing football as being transformational in terms of keeping him out of hospital. As outlined above, unlike the majority of the players, Keith had not played football particularly when he was younger. He likens his involvement with the PMA to having a job and that it is "...*something positive to focus on rather than my mental health dominating my life...*" (Line 58-59) a statement that confirms earlier talk about players' mental health being backgrounded as the focus is on the football and succeeding as a team in the PMA league. Certainly, Keith does not make a connection here with the PMA being an organisation that is actually concerned with working therapeutically with people with experience of mental distress, rather he positions it as a separate experience that dilutes the general focus in his life on his mental health:

Extract 40: Keith (third strand walking interview):

53 *"I've never dropped off unless I've been unless I had a injury to*
 54 *deal with or my mental health deteriorated where I had to go*
 55 *into hospital and stuff I never really had an admission since the*
 56 *football the football is probably one of the things that has*
 57 *helped me keep out of hospital because it's given me*
 58 *something positive to focus on rather than my mental health*
 59 *dominating my life and stuff because it's like a job to me it's*
 60 *like my first job although I have worked like this was like a work*
 61 *for me..."*

However, it should be emphasised that the transformational value that players talked of experiencing through their participation in the PMA did not always have to occur at the macro level of contributing to preventing hospital admissions in terms of enhancing players' health. In the below extract, Aaron responds to a question from me about how the football is helpful to him. Aaron describes a more micro, in the

moment, transformational value, where his mind is so focused on the football that his psychiatric symptoms are backgrounded while he is playing:

Extract 41: Aaron (second strand walking interview):

407 Aaron: "...because your mind is busy on the game
408 because football is such a fast sport like you don't really get
409 time to kind of like worry because you've got to be on your toes
410 all the time because the ball might come to you or you've got
411 to like defend and attack or trying to attack it's just such a
412 quick game that it kind of takes your mind off things"

The in the moment transformation described by Aaron again emphasises the value of the organisation being structured around the occupational opportunity of football, enabling players to engage in an activity that provides a transitory escape from their experiences of mental distress. Like in Sid's extracts, Aaron also utilises footballing terms, such as "*defend*" and "*attack*" (line 411), which is perhaps indicative of the transitory escape extending into him constructing an alternative subject position as a football player, rather than as a mental health service user.

A further example of the PMA providing the opportunity to be more active is outlined by Donell. He is a player who has spent some time unable to play football due to a heart condition. However, the PMA was inclusive enough to still accommodate him at this time, when he would participate by coming down to the pitches to watch training sessions and matches. Donell's talk emphasises the relevance of the temporality of the football season and that this in some way enabled him to focus on coming back after he had missed a season.

Extract 42: Donell (second strand walking interview):

102 Donell: "Yeah I had I had been ill and I had a problem
 103 with my heart I was put on tablets so the doctor told me that I
 104 can't do any training or exercise for about six months eight
 105 months yeah so I couldn't play for that long which I really felt it
 106 was getting me down not playing for that long but now I'm
 107 alright now everything is okay so yeah so I have been playing
 108 for the last since June I think maybe end of May
 109 Anna: "I remember in that time you still came down didn't
 110 you"
 111 Donell: "Yeah I'd down sometimes to come and watch"
 112 Anna: "Yeah yeah so what would you say has kept you
 113 coming back over the last couple of years since you first
 114 came down in 2012 what's kept you coming back"
 115 Donell: "Just me just me the reason I wanted to come
 116 back because I missed the last season I was determined to
 117 come back this season stronger and just performance show
 118 what I can do you know that's what I wanted to do"

Here Donell's talk is suggestive of him having established a motivation for and commitment to being more active through playing football, and that he is motivated within this as he wants to improve and play more with the coming new season. He draws from the *participation as healthy* discourse, with the doctor sanctioning his participation. Within this extract there is an explicit switch in subject position, as Donell initially talks as a mental health service user and then changes to the subject position of a football player, making reference to the football season and wanting to "come back this season stronger" (line 117). This extract therefore exemplifies what it is possible to be and what it is possible to do, within the discursive frame of participation in a community-based football team. In particular that performance on the pitch becomes desirable when drawing from the *participation as occupational* discourse and the subject position of a football player.

In further illustration of the transformational value of participation in the PMA is Bret's talk about how he experiences and views the PMA. The below extract, taken from his third strand interview that took place after he had made a decision to leave the PMA and moved on to another footballing organisation, begins with him talking about

his own experience of the PMA as providing the opportunity to “...*get together and just forget what problems we've got forget about your personality and just play football together...*” (Lines 293-295) before then moving on to how he envisages the PMA being transformational to the wider community and society, with reference to the organisation having recently been featured in a BBC 3 documentary ‘*Football Madness and Me*’: The documentary highlighted the innovative and unique nature of the PMA and was something numerous players were extremely proud of in terms of highlighting their capabilities and achievements as people who experienced mental distress.

Extract 43: Bret (third strand walking interview):

293 “...*basically we can all get together and just forget what problems*
 294 *we've got forget about your personality and just play football*
 295 *together so I was thinking that um you know the um the BBC*
 296 *documentaries yeah that I watched I thought that was really*
 297 *positive because first of all it showed you that I don't know this*
 298 *you can look at it cynically and think if you haven't got no*
 299 *experience of people suffering from mental illness there is you*
 300 *don't want to fall into the trap of sort of thinking that everyone*
 301 *you know is dangerous or psychopaths so the documentary*
 302 *was really good because it highlighted that basically it's more*
 303 *widespread some people don't even talk about mental illness*
 304 *or it's just called maybe depression or stress in the workplace*
 305 *so football is good that um when you have events and then*
 306 *you invite you know people like the BBC3 and that it highlights*
 307 *and it also um um breaks down any barriers of ignorance*
 308 *about you know what the people go through and also sport is*
 309 *very important because you know it breaks down barriers and*
 310 *you are just too busy you know playing or being involved in it in*
 311 *the sport and that's that was one of the positive things about*
 312 *PMA...*”

In the above extract, Bret's construction of his sense of the PMA being transformational therefore extends beyond his own individual participation as he outlines how he believes the BBC3 documentary has more widely influenced opinions about people with mental distress in a positive way, linking back to the participation as social discourse, and the aspect concerned with 'understanding and acceptance' and how this might extend to wider society. He also alludes to the

transitory, in the moment, transformation described by Aaron, when he states “*you are just too busy you know playing or being involved in it in the sport and that’s that was one of the positive things about PMA...*” (lines 310-312) constructing this as something he also experiences. Evident here is that playing football and the context of the PMA provided opportunities to challenge established power relations and social practices in terms of how people with experience of mental distress might be perceived by others.

Dwayne also shares a relevant experience here, in the extract below, when he talks about how over time his participation in the PMA evolved to prompt him to stop smoking (cannabis) because he was enjoying the football sessions so much and he came to realise that continuing to smoke meant he was not always then making it to training sessions. Dwayne then talks of his participation continuing over a period of five years, again illustrating a transformation as he sustains becoming more physically active and engaged with the PMA through playing football regularly.

Again, there is a sense of performance on the pitch being important:

Extract 44: Dwayne (second strand walking interview):

46 *“...um so I was trying to concentrate on how I*
 47 *can best look after myself and I thought I could do it smoking*
 48 *but couldn’t and so I was encouraged like you know I didn’t*
 49 *actually tell her I was smoking but I would and sometimes*
 50 *smoking stopped me from coming to the sessions but I*
 51 *enjoyed the sessions that much that I started to take a more*
 52 *focused role here like getting there try to get there on time me*
 53 *and... was always late but we really enjoyed the*
 54 *session so eventually I stopped smoking so I was attending the*
 55 *sessions with Janette and the guys so that was 2002 all the*
 56 *way up until 2007...”*

Later on in his interview Dwayne also echoes Bret and Aaron’s descriptions of the transitory, in the moment, transformation that occurs when playing football:

Extract 45: Dwayne (second strand walking interview):

790 *"I was*
 791 *saying before about being part of something where you um*
 792 *forget your troubles..."*

Kate, PMA staff member extends this idea of a transitory transformation within her talk, when she recalls working with one of the PMA players:

Extract 46: Kate (second strand walking interview):

402 *"...we used to do this drill and he always*
 403 *used to say that I am not heading it and I am not touching it but*
 404 *sometimes in the momentum of throwing the ball um it was*
 405 *almost a natural reaction to header it or pick it up so it was*
 406 *almost like it was just developing it and saying nothing bad is*
 407 *going to happen now and just constantly working on these*
 408 *aspects with him so um you know I never thought when I first*
 409 *started with PMA that football could address OCD [laughs] I*
 410 *just didn't think that would be possible..."*

Kate positions herself within this extract as someone who is alongside the player seeking to develop him, through reassurance and participating with him in the training activities. Later in her interview Kate then goes on to directly reference other transformations she feels she observed in PMA players. She constructs participation as healthy, helping to overcome deficits associated with mental distress and therefore drawing from the *participation as healthy* discourse. Kate also talks about the alternative role that is ascribed to people when they arrive at the PMA, as the organisation deliberately chose to refer to people as players, rather than patients, clients, or service users. Later in the interview Kate then outlines a further layer to this that arises directly from their participation through whatever position they take up on the pitch:

Extract 47: Kate (second strand walking interview):

615 "I
 616 think that is the difference really um in terms of some of the
 617 services that you find within mental health that they are
 618 patients um these guys might have been patients or might still
 619 be patients in some service but when they are at PMA they are
 620 players and they have got a role to fulfil whether that is up front
 621 or you are playing mid-field and I think that is what becomes
 622 important really you know"
 623 Anna: "Kind of gives them a different identity?"
 624 Kate: "Yeah completely different identify yeah they become known as
 625 a good defender or a um and not someone who has got
 626 anxiety or bi-polar or something like that it is um completely
 627 different like you say a completely different identity for them
 628 really um yeah by looking at them now you couldn't tell who
 629 has got mental health and who hasn't got mental health really
 630 and its just an equal equality and uh come together for the
 631 football"

Within this extract Kate constructs football as a leveller, asserting that once on the pitch and participating it is impossible to determine who has experience of mental distress and who has not. Players simply come together to participate in the football. Kate's suggestion of the focus on the sporting activity enabling a sense of equality is further expanded by Janette, as she outlines how for players the football also provides an important point of commonality with people outside of the PMA:

Extract 48: Janette (second strand walking interview):

523 "Yeah exactly and then they can watch it on the telly and be
 524 part of it because everyone watches football on the telly and
 525 then go and play the little skills everyone puts the top on and
 526 goes to football and now they feel as though they are part of
 527 the community again... I've got my Arsenal top on and I'm
 528 playing football like he does over the road and he is in a club
 529 and you know he is not mental health and I am but now I am
 530 doing what he is doing and then it is like accepting them in the
 531 community they feel as though they are part of it again
 532 watching it on the telly and practising their skills every week
 533 cos they would never be part of a club or anything and it is like
 534 the endorphins it releases them and makes you feel better and
 535 sleep better that's a big factor and they make new friends and
 536 they are less isolated and all the factors that keeps that mental
 537 state happy and in a nice place is making friends getting out
 538 and about fresh air we hit them all on the head with football..."

Her talk here and the sense of inclusion that she describes in terms of the nature of participation in the PMA, can be contrasted with medically-orientated services that focus on specific health conditions and the differences these represent in comparison to the wider population. Additionally, Kate constructs the football as having the potential to be a normative challenge to the exclusion those who take part in the PMA might encounter in other aspects of their everyday lives. Indeed, the subject position as a football player enables a connection to an alternative social institution to the mental health system, that of the sport of football. With this comes different rules and desirable practices relating to their performance on the pitch.

It was amongst talk about changes in funding and resources that the next aspect of the participation as occupational discourse can be illustrated, which was termed 'barriers and authenticity'. This aspect is concerned with the limits and restrictions to participation in the PMA as the nature of the organisation evolved over the course of my research study. Although to some extent this has already been illustrated within the two previous discourses, when talk has touched on how the hegemony of the mental health system has shaped and determined participation in the PMA and the perceived attitude of others has been constructed as preventing participation in football in mainstream places. This is illustrated in the extract below, when Sid describes his restricted income and age as barriers to accessing a pub football team, which was how he had previously participated in playing football when younger:

Extract 49: Sid (second strand walking interview):

967 Sid: *"Yeah like I said if I went to my local unless someone*
 968 *introduced me I don't know anyone there they may say yes if*
 969 *you've got the skills or the stamina but then after that what do*
 970 *they do they will split and go their own ways maybe a couple of*
 971 *them would go to the pub do you want to go to the pub you*
 972 *know... things like that but you know have you got the money*
 973 *to go to the pub I am not working at the moment do you know*
 974 *what I mean"*
 975 Anna: *"Yes [pause] so the way things are done at the PMA*
 976 *is quite important because it sounds almost like otherwise*
 977 *you wouldn't be able to do the football"*
 978 Sid: *"That is right yes"*
 979 Anna: *"At all?"*
 980 Sid: *"Right...okay at my age yeah...yeah..."*

The extract concludes with me directly asking Sid if he would not be able to participate in football if it was not for the PMA. His statement *"...okay at my age yeah...yeah"* (line 980) confirms that he does not believe there are any other feasible footballing opportunities available to him. Here he draws from the *participation as social* discourse, highlighting social factors such as income and age, as rendering certain opportunities inaccessible.

A further illustration of the difficulties people with mental distress might encounter when trying to participate in a sport such as football is provided by Dwayne below. In the extract he outlines the side effects of being on psychiatric medication and the barriers to participation he perceives this to create when trying to access mainstream opportunities to play football:

Extract 50: Dwayne (second strand walking interview):

638 *"when you're*
 639 *taking heavy um psychiatric medication it can it can the effects*
 640 *can slow you down you're you're your abilities is not the same*
 641 *as someone who's not taking it you know not for everyone but*
 642 *you know for the most people so you're at a disadvantage*
 643 *already so to be able to get fit in somewhere where the*
 644 *individuals they're not taking it and you are you are facing*
 645 *another challenge"*

Of interest here is Dwayne's mention of there being a compounding of several factors that compromise participation. He states: "*you're at a disadvantage already*" (line 642-643) and "*you are facing another challenge*" as someone with experience of mental distress, in that you are slowed down by the sedating effects of the medication and then the subsequent impact this then has on your playing abilities results in you "*not [being] being the same as someone who's not taking it...*" (line 640-641). This extract also links back to the 'being a mental health service user' aspect of the *participation as healthy* discourse, in terms of the discipline that surrounds the context and status of being a mental health service user and how this in turn shapes and influences their participation in the PMA and the sport of football.

Further confirmation of the enjoyable nature of football being the connection for players was provided by staff member Janette in her interview, when she referred to when the project was very originally established, and a decision was made for it to be focused on football:

Extract 51: Janette (second strand walking interview):

511 *"Well to be honest with you why we started with the football it*
 512 *was not because I liked football it could have been cricket or*
 513 *whatever it was an interest that they wanted to do they wanted*
 514 *to do football and they always said I used to do this where I*
 515 *was five or six in a place when they felt they were them and*
 516 *when they were happy before all the troubles started and if you*
 517 *are taking someone back to that forum of... this is where I just*
 518 *used to relax and be happy and they are doing it week in week*
 519 *out they are gonna get that feel good factor because they are*
 520 *going to start building their confidence because they are going*
 521 *back to that nice memory"*

In the above extract Janette connects players interest in playing football and a previous state of being, when she recalls players saying to her previously that they use to play football when they were: "*five or six*" (line 515) and that this was "*when they felt they were them and when they were happy before all the troubles started*" (line 516). Janette does not elaborate on what she means by troubles, but it could

be assumed that she means the onset of their mental distress. She then goes on to position players involvement in the PMA and participation in the football as the means through which they return to a previous state of being, a time when they were relaxed and happy, over a prolonged period.

However, from the above extracts it should not be assumed that a previous ability and enjoyment of football were always present in players' talk about them becoming involved with the PMA, as in the extract below player Keith describes his experience of the football as a new activity, which he felt he had not had the opportunity to take seriously in the past. Keith was a long-term user of mental health services, with several and relatively frequent periods of time spent in inpatient mental health services. He had been involved with the PMA (to varying degrees) since its beginnings in 2008:

Extract 52: Keith (third strand walking interview):

38 Anna: *"Right okay okay and prior to that was football*
 39 *something you played when you were younger"*
 40 Keith: *"Not before I was never as I was never as into it until the PMA*
 41 *started only because my mum didn't give me much confidence*
 42 *as a child growing up so I didn't take football seriously then"*
 43 Anna: *"So this has been your first experience of getting*
 44 *involved with a team and doing all of that"*
 45 Keith: *"Yeah learning the ropes and stuff how to play even"*

In the above extract, Keith attributes his prior lack of footballing opportunity to his relationship with his mother. Keith does not mention a lack of physical access to football, but rather the absence of a mindset to *"take football seriously then"* (line 42). Players referring to some form of limited opportunity to play football prior to their involvement with the PMA is a pattern that emerged over the analysis. Indeed, in contrast to Keith, some other players talked explicitly about them perceiving this as an outcome of them experiencing mental distress. In the following extract, Bret, a PMA player who had a long involvement with mental health services describes his

like of football, but also the difficulties he has encountered previously with participating in it, although at this point in his talk he omits the specifics of why he could not, or felt unable, to play football prior to his involvement in the PMA:

Extract 53: Bret (second strand walking interview):

273 *“...I’ve always liked football but before PMA I*
 274 *never used to play football because you know because of my*
 275 *you know my personal problems my OCD and things to do with*
 276 *my mental illness I didn’t I couldn’t really I couldn’t really just*
 277 *play football I couldn’t take part and play football this project*
 278 *has really helped me...”*

Later in the interview Bret moves on to expand on these difficulties in terms of his experience of attempting to access a public community place such as a park to play football in as an individual. He refers to the ‘othering’ and marginalisation that results from experiencing mental distress and positions mainstream opportunities to participate in sport, such as playing football in the park, as inaccessible to him:

Extract 54: Bret (second strand walking interview):

327 *“...I couldn’t play football because if*
 328 *you just play football you know just sort of so-called normal*
 329 *members of society basically strangers first of all I don’t know*
 330 *them and secondly because of my condition that it is very*
 331 *rarely that people are sympathetic to your condition because*
 332 *they’re just probably be afraid or they think you’re weird or*
 333 *something like that and it causes problems you know and I*
 334 *could easily get into fights so I just avoided going to the park I*
 335 *wouldn’t play football...”*

Also, in direct contrast to Bret’s talk of the difficulties associated with accessing and participating in football in the park is an extract from Jalpesh’s interview below. He recalls playing football alone in the park one day as the occasion eleven years ago when he by chance first met the founder of the PMA and came to be involved with the organisation. Jalpesh is a long-term user of mental health services and is also one of the original players who maintained an involvement as a player throughout the existence of the organisation:

Extract 55: Jalpesh (second strand walking interview):

34 *"I*
 35 *was playing football on my own because I always liked football*
 36 *and this lady come up to me said excuse me yes how can I*
 37 *help you do you like football said why do you want my team*
 38 *what's your name... but said to her unfortunately I'm an*
 39 *outpatient does that make a difference no no and she look at*
 40 *the right person right time right choice oh thank you starting*
 41 *playing football eleven years... since then"*

Of interest in this extract is Jalpesh's statement: *"but [I] said to her unfortunately I'm an outpatient does that make a difference"* (lines 38-39), positioning his status as a psychiatric outpatient as a relevant disclosure that would then potentially have a bearing on his participation in football through this chance meeting in the park, although Jalpesh does not state that he shared details of his diagnosis, or any symptoms or difficulties. His use of the word 'unfortunately....' (line 38) presents it as a negative, perhaps due to the perceived impact it may have on his potential participation. These extracts underline the value of participation in the PMA simply in providing an inclusive opportunity to play football, something interviewees otherwise constructed as being lacking in their lives. The PMA was different in that his psychiatric diagnosis was not a problem.

However, Aaron provides a contrast and risk to this in the following extract, when he distinguishes between when the organisation was well resourced and well-staffed to the present day. Just three months after Aaron's interview the PMA closed as a formal charitable project in London. Previously paid PMA staff members were in regular contact with players whereas at the time of Aaron's interview there was only remaining paid staff member, Janette, and the majority of her time was being spent up in Yorkshire at the other PMA project:

Extract 56: Aaron (second strand walking interview):

185 *"It felt like when Kate and Lisa was there felt*
 186 *like you know PMA was in contact with us almost every day*
 187 *like either they'd come visit us or they'll say come out*
 188 *somewhere or they'll ring or they'll text and stuff like that really*
 189 *like now because Janette is has moved to Yorkshire it's kind of*
 190 *we're kind of left on our own a bit..."*

The barriers and authenticity aspect of the *participation as occupational* discourse also incorporates some of the findings and discussions from the 'two sides of taking part' theme from the first strand of my study. In particular, participants' talk about the importance of the football being played in an authentic way, in accordance with FA rules and with a genuine, competitive nature. The importance of the authentic nature of the football at the PMA is illustrated in the following extract from Sid's second strand interview:

Extract 57: Sid (second strand walking interview):

872 *"...in professional football you have*
 873 *to play professionally... grassroots... everything comes from*
 874 *the professional to the grassroots do you get me*
 875 *Anna: Yeah*
 876 *Because we are under the FA you know... FA...um... referee to*
 877 *actually referee our games you know what I mean"*
 878 *Anna: "And do you feel that is important that they use the FA*
 879 *and they use...as you say that it is run in that way the PMA"*
 880 *"Yeah definitely definitely... definitely"*
 881 *Anna: "Why do you feel that is so important?"*
 882 *"It is important because it gives you the confidence that they*
 883 *are doing things according to the laws of um football..."*
 884 *Anna: "Okay"*
 885 *"You know you are not just here because you are mentally ill*
 886 *and you can get away with shoddy um football everyone is*
 887 *being encouraged to do it the way a professional would do it*
 888 *the proper way...you go... football is like a universal language*
 889 *you know its a sport that brings a lot of people together you*
 890 *know more people watch football than go to church sort of*
 891 *thing do you know what I mean"*

Such talk can be linked back to previous findings and the normative appeal from participating in football that is played in accordance with FA rules. Sid constructs football as being like a "*universal language*" (line 888) and states that it "*brings a lot*

of people together" (line 889), converging with the *participation as social* discourse.

A keenness for genuine competition is echoed in Aaron's talk in the following extract from his second strand interview:

Extract 58: Aaron (second strand walking interview):

481 Aaron: *"I think I think a little bit of competition like*
 482 *even in your own team between your own players it kind of*
 483 *improves everyone because everyone has to try harder*
 484 *because then people don't think that oh let's say I play striker if*
 485 *I am not bothered and I'm not trying my best I'm still going to*
 486 *start but if there's like two or three people competing in that*
 487 *position it makes everyone work harder and makes the team*
 488 *better"*

Connecting the authenticity of the football with a motivation to participate is also present within Donell's talk, although he talks about it in reference to the dwindling number of participants the PMA was experiencing at the time of his interview, and how this could then impact on his own motivation to participate:

Extract 59: Donell (second strand walking interview):

692 Donell: *"...it makes it more exciting*
 693 *more competitive more enjoyable more more motivation more*
 694 *determination sometimes you go there and it's like you go*
 695 *there and you see four people there people are not on time as*
 696 *well time keeping people get there late and sometimes people*
 697 *don't turn up so it feels like even though you are only looking to*
 698 *play there and enjoy yourself have a good time when there is*
 699 *only four of you there five of your there it feels a bit they're not*
 700 *trying hard enough you start to lose a bit of the motivation for a*
 701 *while what's the point you know especially with other people*
 702 *not trying as well that kind of feeling you start to feel down and*
 703 *upset and that things as well"*

In summary the participation as occupational discourse appears to represent the experience of PMA players and staff members, in terms of the importance of the PMA in providing something to do as part of the initial decision-making to take part. Following this the nature of interviewees' participation then appeared to deepen, as people made connections with team-mates and talk of experiencing belonging, acceptance and understanding. For some their participation then extended to being

transformational, whether in the moment or at a more macro, life changing level in terms of changed attitudes, ways of being or doing. There are however some clear tensions in relation to the nature and value of interviewees' participation in the PMA. For example, that interviewees describe an organisation that is exclusively for people with experience of having mental distress that is understanding and accepting, whilst also valuing the normative appeal of the football and a wish that it be authentic and competitive. The chronology to how interviewee's construct their participation was found consistently across the interview transcripts and should therefore be considered to be an additional element of the study's findings. Below is a table depicting the presence of participants' quotes in relation to the three discourses and their various aspects, illustrating how each was related to the walking interview data. Some aspects were more prevalent in the data than others, but ultimately all were depicted.

Participation as healthy discourse

Fitness	Being a mental health service user
Jalpesh	Sid
Aaron	Bret
Donell	Keith
Sid	Dwayne
Janette	

Participation as social discourse

Belonging	Understanding and acceptance	Place and space
Bret	Keith	Bret
Keith	Bret	Sid
	Sid	Dwayne
	Jalpesh	Kate
	Kate	Jalpesh
	Aaron	

Participation as occupational		
Something to do	Doing, being and becoming	Barriers and authenticity
Donell	Sid	Sid
Aaron	Keith	Dwayne
	Aaron	Janette
	Donell	Keith
	Bret	Bret
	Dwayne	Jalpesh
	Kate	Aaron
	Janette	

Table 7.4: Presence of participant quotes in illustration of discourses and their related aspects

7.2 Summary

This chapter has detailed the findings from the second and third strands of this research study. In particular that the act of playing football and the subject position of being a football player has the potential to challenge established power relations within the mental health system. The following chapter will present findings and learning relating to the experience of conducting research with people with experience of mental distress, as a further area in which new knowledge has been generated from this study. All of the study's findings will then be brought together and discussed with reference to the existing knowledge-base in Chapter nine.

***Part C: Reflection: Analysis,
discussion, and conclusion***

Chapter 8: Reflecting on doing participatory action research with people with experience of mental distress

8.0 Introduction

This chapter presents the novel methodological findings, along with reflections and discussion, from doing PAR with people with experience of mental distress. Chapter three described the relevance of PAR as a methodology that endeavours to be democratic, equitable, liberating, and life enhancing (Koch & Kralik 2006), as a fitting methodology for the exploration of the nature and value of participation in the PMA.

This chapter now tells the evolving story of how we engaged collaboratively in addressing the research question: What is the nature and value of participation in the PMA Sports Academy from the perspectives of those that take part?

Involvement in this research study was an element of participation in the PMA. The reflections and learning relating to undertaking this study are extensive, and therefore what is presented below is a selection of reflections that have relevance to the collaborative research cycle. Reflections were selected both on their relevance

to the collaborative research cycle and to the stages of the research process, in order to demonstrate the analytic work that has gone into this study. The value of an occupational perspective when researching with a seldom heard group is also highlighted, because it is felt to offer new insights into how to involve marginalised groups in research.

8.1 Collaborative working as a cycle

Within the Research Steering Group we identified that this study involved a collaborative cycle of learning through doing, similarly to previous PAR involving people with experience of mental distress (Bryant et al. 2012, p27). For this reason, the different elements of this cycle are utilised as a basis for the headings in this chapter, for example, coming together, sharing and reflection, as a way of presenting what has been learnt. A visual depiction of the cycle is provided in Figure 8.1 below. However, the different elements are interchangeable and not always one directional. For example, that change may at times lead to coming together in new ways. Although for the purposes of this chapter the elements are outlined in the sequence presented in the reproduced diagram below.

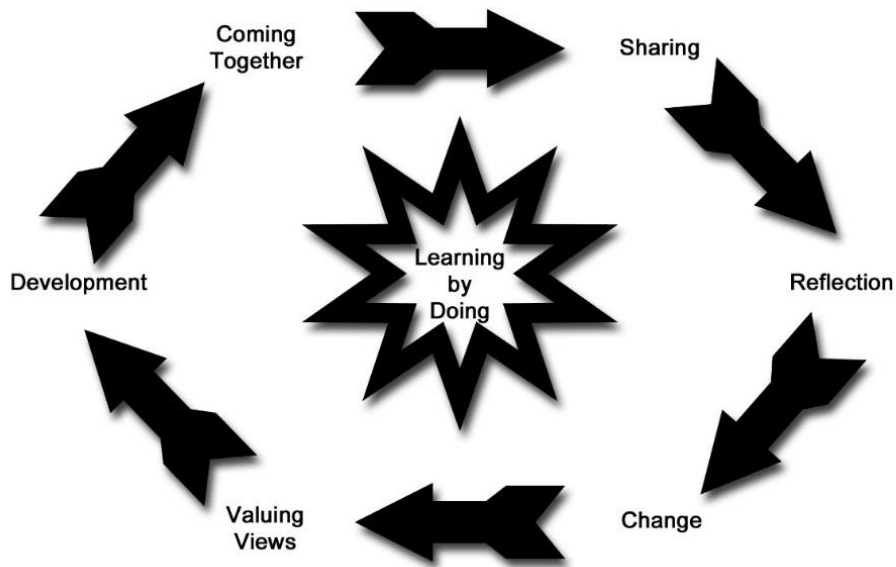


Fig. 8.1 The Collaborative Cycle²

Furthermore, this evolving and cyclical nature of participation in the research study mirrors the process of participation that was depicted in this study's findings in the previous chapter. To support the reflections presented in this chapter, I have illustrated points with examples, extracts from my fieldwork diary and utilised quotes from the findings dialogues I had with three participants after the strands of data collection and analysis were complete. The details of these three findings dialogues will now outlined below.

²Reprinted from Work, 43(1), Bryant W, Parsonage J, Tibbs A, Andrews C, Clark J & Franco L, Meeting in the mist: Key considerations in a collaborative research partnership with people with mental health issues, pages 23-31, Copyright 2018, with permission from IOS Press and the article authors. The publication is available at IOS Press through <http://dx.doi.org/10.3233/WOR-2012-1444>.

Despite the PMA ceasing to operate as a formal project in London in December 2014, I maintained contact with several of the people who had been involved with this research study. Three of these people (Dwayne, Keith and Sid) expressed a willingness to meet with me to discuss the study's findings in relation to their own experiences, and their experience of being involved in the study. This involved us revisiting the study's findings, which I chose to talk through with reference to three images to represent different ways of constructing the value and nature of participation in the PMA. The three images aimed to loosely represent the three discourses, in terms of participation as healthy (various sports balls and a stethoscope); participation as social (team hands on a football); and participation as occupational (a football team playing on the Hackney marshes pitches). See Appendix V for copies of the images. Choosing a relatively inconspicuous way of presenting and talking about the study's findings was important because all three participants chose to meet me in a familiar (to them) busy café location. For two people this was a café very close to where the London PMA project previously operated from (the March Hill and Hackney Marshes area) and for one person this was a café close to where they lived. These conversations involved discussion not just about the study's findings, but also their experience of being involved in a collaborative research study. The conversations were audio-recorded and therefore verbatim quotes are included below to illustrate certain points. Thus providing evidence of their involvement and the benefits, tensions and challenges this at times presented.

PAR has particular relevance when researching with people with experience of mental distress, as it has the potential to modulate the power relations that conventionally exist between professionals and those with experience of mental

distress, which often render them a seldom heard group (Beresford & Nettle 2010; Beresford et al. 2016). People who took part in the PMA chose to get involved in varied ways in every aspect of this study. The following section reflects on some of the specific strategies that were used to enable formation of the Research Steering Group.

8.2 Coming together

In order to set the scene for a collaborative research study, I initially began the process of engaging players and gaining their views and perspectives by fitting into existing PMA structures and occupations, such as training sessions and team meetings. I believed this to be the least intrusive way of establishing people's interest and potential involvement. My emphasis was on fitting into *their* established context and familiar ways of doing things, rather than the other way around. A core group of people who took part in the PMA and who were interested in contributing to the research study gradually identified themselves, and therefore at this time we decided to become and meet as a defined Research Steering Group. At this point we began to meet *alongside* existing PMA structures and activities, typically immediately following a football training session or match to reduce travel costs and time. This shift in how we came together enabled us to protect time and space for the group's work. The value of creating space (in terms of both environmental space and time) in order for collaboration to occur has been affirmed previously in a research study investigating the key considerations in the formation of a collaborative research partnership with people with experience of mental distress (Bryant et al. 2012). Additionally, Porter et al. (2006) discussed the practical challenges that can make or break efforts to establish such a Research Steering

Group, and for this reason I continuously made efforts to reduce the practical disruption that might potentially result from participating.

Another shift that occurred shortly after we began to meet as a defined Research Steering Group was where we met. Initially we had agreed to continue meeting in the team meeting spaces at the Hackney Marshes Centre, but over time the other members began to suggest alternative spaces (often a local community café) that were closer to where the preceding training session or match had taken place.

Following this I reflected in my fieldwork journal (Appendix W) on what where we met represented in terms of sharing power, and considered whether I had maintained us coming together in the Hackney Marshes Centre team meeting rooms as these were spaces that I was particularly comfortable and somewhat familiar with (large and generally quiet meeting room spaces, furnished with tables, chairs, audio-visual equipment and flipchart paper). Indeed, it was interesting to acknowledge how quickly my aspiration to fit into *their* established context and familiar ways of doing things had potentially lapsed.

The negotiation of the meeting location was felt to be significant to the PAR methodology, as I joined the players in a physical and cultural environment that was comfortable and familiar to them (Redwood et al. 2012). From this comfortable and familiar environment, the Research Steering Group evolved to become a dynamic and somewhat transitory collection of PMA players, as the group structure in the space provided an anchor for people to be able to join and leave as able. We typically met monthly to inform and shape the emerging research study, with the group usually consisting of 6-8 players at each meeting. Only two of the players were involved for the study's entire duration. It is recognised that there were periods of time that players did not actively participate in the group, due to changes in their

health, personal circumstances and/or funding arrangements. Such flexibility in terms of the group's membership was felt to be integral to the group's sustained sense of inclusivity.

When disruption of involvement in the Research Steering Group was encountered, for whatever reason, I was mindful that contributions from that player continued to be discussed and refined, and sometimes I would therefore consciously re-introduce ideas on behalf of an absent player at a particularly pertinent time. For example, a player's reasoning behind the selection of certain images for the various draft poster designs, when they are not present for the voting meeting and final designs were being discussed. Such methods hopefully minimised the 'voice loss' that might result from people being unable to attend for a period and assisted in maintaining the group's working momentum. As the group formed and we began to work together, I was particularly struck by how conventional notions of research participation, which are usually restricted just to data collection, were challenged by my observations of people taking on different roles and ways of participating. This included respecting that at times group members might chose to be on the margins of a group activity or collaboration. For example, that one group member would always be willing to liaise with me via text to establish the group meeting times and location, would remind others to attend, and when necessary organise themselves to unlock the venue (the Marsh Hill Clubhouse), but verbalise little within the actual meetings. All forms of participation had a value in enabling the research to happen and it was therefore demonstrated that PAR accommodates different preferences for involvement. This is of value when researching with a seldom heard group, as their participation may take different forms that are not typically accommodated by conventional research practices (Bryant et al. 2017).

Ultimately the process of coming together in a comfortable and familiar environment enabled a partnership to occur between myself and the other members of the Research Steering Group. The level of involvement of the steering group members is something that was openly discussed and debated whenever necessary, but active involvement in all stages of the study was sought, rather than one-off consultation. The next section of this chapter will develop on from our learning through coming together, to sustaining involvement in the Research Steering Group as we learnt through sharing.

8.3 Learning through sharing

As part of us coming together as a Research Steering Group, we began to share our differing perspectives and slowly refine the focus of the research study and agree a research question. Once we began to work together as an established group, the other Research Steering Group members previous experiences of working together (either as part of the same football team or from encountering them as a member of an opposing team) quickly became apparent. They were already familiar with each other, for example, using team nick names and showing an awareness of who might need extra support and when. This prior learning about working together as a team is highlighted below, in a quote taken from the conversation I had with Keith. He reflects on how the coaching staff at the PMA had supported him to develop a more tolerant mindset, and how he felt this had then enabled him to work with others during the research study:

Extract 60: Keith (findings conversation):

277 *“Usually in set ups you have people who are way up there*
 278 *and people who are way down there... like even*
 279 *[names a team-mate] who I used to have a lot of trouble with... he’d*
 280 *just get a bit annoying... the coaches always taught me to*
 281 *have more patience... we’re all at different stages as far as*
 282 *technical ability goes you know... some have learning disabilities and some*
 283 *have mental health issues... so [at the time of the research study] we had all*
uh learnt to
 284 *bounce off each other and not use it as a weapon...*
 285 *My weakness could be their strength and vice versa...*
 286 *I never knew none of these skills before”*

I felt this prior learning and experience of working together was helpful in two ways: Firstly, it positioned me as an outsider who was also in the minority, meaning there was an inclination towards me fitting into their (majority) ways of doing things. Secondly, they already had established ways of working together - they knew who might need meeting reminders, who might require extra space some days, and who was good at making the tea! This undoubtedly led to a different collaborative research experience that if we had all been unfamiliar with each other, because they already had established ways of working together that we were then able to capitalise on for the research study. Throughout the research we tried to utilise activities and contexts that had *relevance* to PMA players, which were culturally in tune with lives and values. Such an approach was informed by literature that has emphasised that research methods are not culturally neutral (Redwood et al. 2012). For example, as we moved on in the research process to choosing and planning data collection methods, we chose to use the World Café method partly due to a café context frequently being used by people in the PMA as a productive place to meet, and share ideas and reflections.

Further learning also took place through gradually sharing our different areas of knowledge and skills, as we talked about the various possibilities relating to data

Chapter 8: Reflecting on doing participatory action research with people with
experience of mental distress

collection. The collaborative nature of the study was discussed regularly, and people shared their expertise in relation to playing football, experiencing mental distress, and (for two people) their prior experience of being a research participant. For example, from their perspective of having experience of mental distress one group member articulated that elements of the research that might potentially involve dividing people into separate groups would need to be fully explained to anyone considering taking part, to avoid potentially triggering paranoid thoughts. Formalised research training was never requested by Research Steering Group members, with us preferring to work together to overcome issues using our different sets of expertise. Such sharing and learning was integral to the research being accessible and inclusive, enabling participation, and us all working together.

Consideration can be given here to the usefulness of the concept of co-occupation, in framing and informing our work as co-researchers. Co-occupation was detailed and defined in Chapter two and can be summarised as an occupation involving two or more people (Pickens & Pizur-Barnekow 2009; Barnekow & Davel Pickens 2011). The collaborative development of the analytic framework, which was detailed in Chapter five and used for the data analysis of strands two and three, could be considered as a potential co-occupation. The shared physicality of this activity was characterised by us meeting and working together to record our thoughts and ideas on flipchart paper, using post-it notes. Shared emotionality was depicted in group members being responsive to each other's emotional tone. As detailed earlier, they were very familiar with each other and generally knew when someone needed extra space or support. Furthermore, the activity enabled the evolution of a shared language for the Research Steering Group, as we learnt from each other. Shared intentionality could occur through the mutually established goal of answering the research question, and the construction of the analytic framework being a stage in

the research process. Below is Figure 8.2, which depicts the potential to consider the collaborative development of the analytic framework as a co-occupation. The diagram illustrates how the various shared dimensions of a co-occupation can contribute to shared meaning as co-researchers. Our shared intention of answering the research question led to us working together to record our thoughts and ideas (shared physicality), which in turn involved shared emotionality as we respected each other's views and various forms of participation. However, it should be emphasised that the arrows can be two-directional.

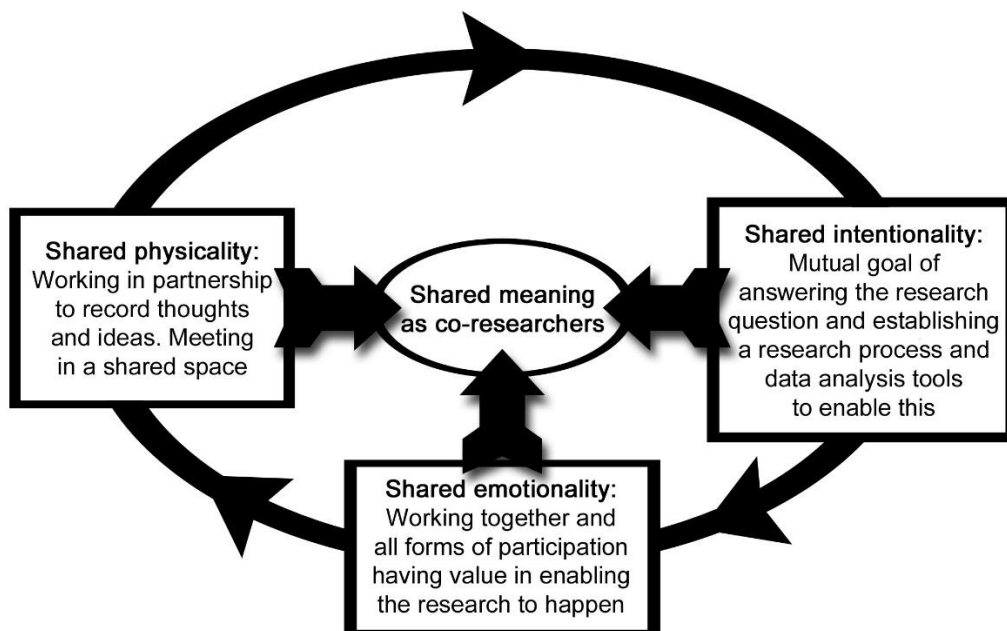


Fig. 8.2 Considering the collaborative development of the analytic framework as a potential co-occupation

Considering the potential of research activities to be co-occupations might offer new insights into how to involve marginalised and seldom heard groups in research, such as those with experience of mental distress, highlighting real and imagined barriers that might limit involvement. For example, the importance of a familiar and

comfortable space, as highlighted in the previous coming together section.

However, determining co-occupations is fluid and subjective, so researchers should focus on creating accessible and flexible spaces with the potential to facilitate a co-occupation, rather than seeking to deliberately orchestrate them. From a place of shared skills and experience, we were able to reflect on different aspects and strands of the research as they took place.

8.4 Reflection

Within the literature connections have been made between the use of PAR methods to explore experiences of community projects and the theory of occupational injustice (Bryant et al. 2017). This literature has highlighted the value of occupational therapy researchers, as experts in using occupation to promote and enable participation of relevant groups, including those often marginalised from research due to their experiences of mental distress. Such skills and expertise enable diverse discourses to be heard about how vulnerable people can achieve social inclusion through community projects, such as the PMA. A central focus on occupation gives particular value to doing things with people in real-world settings, and a PAR design can create opportunities for the people involved to experience a sense of belonging and shared ownership of research outcomes and products.

A central part of our thinking and reflections as a Research Steering Group was around the different ways of doing things in terms of the research study, and how this in turn created different types of opportunity for involvement. For example, flexibility within the World Café method as data collection commenced, which intended to overcome potential literacy issues by providing opportunities for scribing and drawing. Furthermore, one person chose to complete the activity individually,

Chapter 8: Reflecting on doing participatory action research with people with experience of mental distress and therefore they wrote on separate sheets while seated away from the main group, which were then later stapled on to the tablecloths.

I frequently felt that my individual reflections in this vein, and my contribution to our collective thinking and reflections as a Research Steering Group, drew particularly on my experience as an occupational therapist and how the form of an occupation might be altered to enable participation. For example, when planning for the walking interviews as a method of data collection, I was drawn by their potential to involve and enable participation without being entirely reliant on verbal expression, in the way that a more conventional, static interview would be. In particular the photographic element of the data collection appeared to provide opportunity to depict what might be difficult to express in words, as well as enabling action. Such as Bret's aspiration to take photos of particular places associated with taking part in the PMA because it might encourage those who subsequently saw them to come and visit.

For the second and third strand walking interviews participants were given a geographical boundary that we had to keep to, which encompassed public places associated with their participation in the PMA. However, how we walked about within that boundary was for them to decide, although we were permitted only to travel by foot. If participants chose not to walk at all that was agreeable, and we would instead meet in a mutually convenient public location. This element of choice and flexibility was intended to overcome the limitations of using walking interviews as a method of data collection. For example, if people had difficulty mobilising and/or being in large, open, public places (Kinney 2018), although the active nature of taking part in the PMA made this unlikely. It was intended that the walking interviews enabled people to select and return to the places and spaces they personally

identified as being connected to them taking part in the PMA, in order to prompt memories and reminiscence. This benefit of using walking interviews as a method of data collection is highlighted below, in a quote taken from the conversation I had with Sid, when he reflects on the value of physically being in a place in terms of prompting memories:

Extract 61: Sid (findings conversation):

373 *“Like this research we’re talking about... I can remember when we started
it...
374 all the way back in Wood Green. You know. If
375 you asked me to go back to Wood Green and sit
376 in the same café you know memories would start flooding back.
377 You know which train station we got off at... which path we took...
378 how we dispersed to go home... did I carry on when I was released from
379 hospital...”*

Such reflections were both collective and individual, with two of the interviews unexpectedly resulting in potential spatial breaches of confidentiality, which was not something we had previously considered when planning the interviews. This occurred when two of the walking interview participants encountered people they knew while taking part in the interview, although on neither occasion did the person we encountered seem to realise that a research interview was taking place. The potential for walking interviews to result in spatial breaches of confidentiality has been discussed within the literature (Kinney 2018) and it was something that we then subsequently reflected on as a Research Steering Group. It was identified through these discussions that a pre-interview discussion should include making an agreement about what might be said if someone known to either the researcher and/or the participant was encountered during the interview. Such changes highlight the value of learning through doing and reflecting on the different choices and decisions relating to the data collection stages of the research process. As the

study's data collection commenced, the stage of change suddenly became very relevant to this study.

8.5 Change

Change was central to this research study, both at an organisational and individual level. An ongoing challenge was sustaining involvement and the collaborative nature of the research throughout the PMA's changing circumstances, and my periods of leave from the study. However, of note is that the collaborative and negotiated nature of PAR accommodates such shifts and transitions. This became particularly relevant when strand three was added at a relatively late (and unexpected) stage, in order to explore experiences arising from the unforeseen closure of the London PMA project. Alongside this were ongoing shifts in the circumstances and health of those involved in the study, which meant that some left for periods of time, for example due to a hospital admission or to attend a college course for a defined period of time.

At these times of change I felt the flexibility of PAR helped me to manage tensions around the research study timescales, and people's concerns about the future of the PMA that were understandably particularly prominent around the time of the PMA London project closure. Indeed, on several occasions I attended Research Steering Group meetings with something I wanted us to discuss or make decisions about, only for concerns about the continuity of the PMA to be prioritised for discussion. Being willing to renegotiate and share these meeting spaces was essential to sustaining the involvement of those that took part, and ultimately building a sense of ownership of the study. I feel such ownership was integral to people being willing to continue with the research study beyond the London PMA project being disbanded, because they did not see the two things as being inseparable. However, I did also

take action by initiating discussions at this point to revisit some of the original intentions of the study. I found this an incredibly stressful time, as without the willing involvement of those who took part in the PMA we could not take the study forward. This time was recorded in my fieldwork journal, as I attempted to provide reassurance about the purpose of the study and its data, and to be clear and transparent about how things would move forward now that the decision to close the London PMA project had been made (Appendix W). At this time keeping communication open with all involved seemed critical, as we negotiated the onward trajectory of the study without the context of the PMA as a formalised project.

As the third strand of data collection was undertaken, my focus shifted to thinking about a key characteristic of PAR being that it enables change through action, and that an individual benefit of positive research participation is it that encourages those involved to explore other life opportunities (Koch & Kralik 2006). As reported earlier in this thesis, after the closure of the London PMA project a small group of players continued to meet on a regular basis to socialise and play scratch football on the same community pitches utilised by the PMA and compete in a national mental health football league. Previous research (Lamont et al. 2017) has identified that the act of playing football can itself be viewed as a form of action or activism, in terms of accessing mainstream facilities and being present and part of community life. However, it is important to note that this continuation of playing football was achieved differently by some people through, and through accessing other types of mainstream facilities. In the quote below Keith describe his experience of joining a group of people playing football at his gym on an ad-hoc basis:

Extract 62: Keith (findings conversation):

373 *“The leisure centre*
 274 *is quite cool because it is very flexible if you turn up*
 375 *and they are looking for players then you play [football]...*
 376 *yeah like I go there for gym but like between seven*
 377 *and eight like two to three days a week they have different*
 378 *teams. Not teams but groups of guys, maybe they work*
 379 *together. They are aged 30 to 50, like as a*
 380 *team they all work in different parts and then come together to play*
 381 *a match. Sometimes they will be short of numbers so if*
 382 *I am about or if I pop my head in to see how*
 383 *many players they have got and there is six-five players*
 384 *I will go and even up the numbers and play for*
 385 *an hour. They book the hall for an hour. But it*
 386 *is not like where they go outdoors and play a match*
 387 *...you know it is not*
 388 *structured like that. It is just a friendly...so other than*
 389 *that, it’s not going anywhere. Um it is just there which is good*
 390 *because if they need someone and I want to play I will*
 391 *play. But that is a good as it gets for me*
 392 *now football-wise... yeah um...*

Keith’s experience and the notion of change will be returned to, as a stage of the collaborative cycle that relates closely to the development stage, later in this chapter after outlining what has been learnt from valuing the different perspectives and people involved in the research.

8.6 Valuing views

The importance of including the voice of people with experience of mental distress was a recurrent concern within the Research Steering Group discussions.

Particularly because we felt this was a group of people that services and support were frequently being diverted from.

However, I struggled with the complexity of maintaining a participatory approach during the data analysis, more specifically the second and third strands. I grappled with understanding discourse analysis and lacked confidence and experience in

taking it forward in a participatory way. This felt difficult to me as I had taken up a role of having research experience in the Research Steering Group. However, over time, and as my reading and understanding of discourse analysis and Foucault's work progressed, I felt more confident in sharing with the Research Steering Group the value of discourse analysis in acknowledging irregularities and discontinuities, rather than seeking to establish a 'grand narrative' (Burr 2015). We felt this had value in guarding against an expectation of a single and united 'mental health service user' voice or perspective, and also the tendency for those with experience of mental distress to frequently be considered as part of a homogenised 'disabled people' group within strategy and policy. For me personally I also came to see the value of discourse analysis in enabling me to critique *how* participation in sport and physical activity is depicted within policy and strategy, particularly in relation to any therapeutic and health enhancing potential for people with experience of mental distress. Discourse analysis enabled consciousness raising about how people might be constructed within a discourse, and through this I became particularly interested in previous participatory research that has utilised discourse as a tool for enabling people with experience of mental distress to explore and challenge the subtle ways in which they might be marginalised by dominant systems and practices (Mancini 2011). However, I remain disappointed that the closure of the PMA London project disrupted the time and energies that may have gone into more fully exploring, planning and completing actions associated with the findings of this study, but hope this might be a post-doctoral pursuit. Research methodologies can be more or less amenable to participatory approaches and it is important we have processes of development that test, and potentially enhance, their potential to be so. Notions of development and future work lead us to the next stage of the collaborative research cycle; development.

8.7 Development

In relation to PAR Klocker (2012) has acknowledged the potential continuation of action after the study has formally ended. This point is exemplified in the following quote from Keith, when he talks about his continued participation in football on an ad-hoc basis at a local leisure centre, after the closure of the PMA London project:

Extract 63: Keith (findings conversation):

392 *“Yeah without it [the PMA] being there I would not go to the*
 393 *leisure centre and mix and play football at all. I*
 394 *wouldn’t have the confidence. I wouldn’t even been in the*
 395 *leisure centre if it wasn’t for my experience with the PMA.*
 396 *It was a platform for me, in order to*
 397 *go to the gym now. I needed that PMA experience*
 398 *of building confidence and team-building. I have issues*
 399 *at the gym with certain people, but if it wasn’t*
 400 *for the PMA I would have a lot more issues*
 401 *and it might have driven me away permanently.*
 402 *So now I have the difficulties there, but they are um*
 403 *they’re bearable...*
 404 *at least the ones I can’t sort out and get away, they’re bearable*
 405 *The one’s I can deal with I say ‘hey, are we okay? Is there a problem?’*
 406 *I have that confidence to address the conflict without fear”.*

Keith’s quote about his experience of individually accessing a mainstream sports facility sits in contrast to some of the key PMA London players making a collective decision to leave the project in order to establish their own community football team. Both these actions and ways of continuing their participation in football highlight the value of the PMA and this research study as a safe space for action, by bringing different voices and people together, and creating a culture of acceptance and understanding. Our approach of valuing all occupations associated with the research process ensured that there were a range of opportunities that people could get involved with and develop from. For example, the collaborative dissemination that was undertaken, which involved some of us in planning abstracts and

conference presentations together and also presenting work jointly. Such opportunities were always carefully negotiated, as the travel and expense involved with conference presentations could sometimes be a barrier although some funding was obtained. Examples of our dissemination activities and collaborative presentations are indicated in Appendix X and Y.

Ultimately, learning and development from the collaborative research cycle might extend to new ways of coming together, and therefore the cycle begins again. I hope the continuation of people playing football in various forms as a valued occupation can be seen as a legacy of the PMA and some players involvement in this study. Furthermore, it is hoped that the learning and development we have gained through the collaborative research cycle and this study will offer other opportunities for involvement, participation and action that cannot yet be foreseen.

8.8 Summary

This chapter has illustrated the realities and benefits of collaborative research, and some of the learning that occurred through conducting PAR with the PMA. The experiences detailed above can be understood in different ways, but the notion of a collaborative cycle that enables experiential learning is helpful and aligned with the PAR methodology (Bryant et al. 2012) and notions of a research process. This chapter has extended knowledge and understanding relating to researching with people with experience of mental distress, by providing a sense of the challenges, opportunities and strategies that might be involved. In summary, research methods have the potential to provide a platform through which different experiences and understandings can be captured, and PAR has particular value in addressing gaps in knowledge that arise from exclusion and marginalisation.

Chapter 9: Discussion

9.0 Introduction

This chapter commences with a discussion of the main findings of the three strands of this research study, which are discussed as four sets of findings: The complex nature and value of participation; the dark-side of participation; the importance of place and space; and the transformational potential of participation. Reference is made throughout to the study's research questions and the existing knowledge-base, relating to participation in football by people with experience of mental distress for therapeutic means and ends. The study's overarching research question was: What is the nature and value of participation in the Positive Mental Attitude Sports Academy from the perspectives of those that take part?

This study enriches previous understandings of participation in football by people with experience of mental distress, by making the nature and value of participation in a mental health football project more visible through a matrix of participation, the 'Puzzle of Participation diagram', which extends the football participation continuum outlined by Lamont et al. (2017). The chapter concludes by critically appraising the strengths and limitations of the study design with reference to quality benchmarks for PAR studies.

9.1 The complex nature and value of participation

The findings of this study have revealed that participation in the PMA and the team sport of football is a complex, dynamic, and subjective phenomenon for those that take part. The nature of participation is multi-factorial, as is the value they derive

from it, due to a range of synergistic benefits. These benefits frequently extend beyond the football and the PMA itself, such as an increase in social confidence enabling participation in other activities. It is difficult, however, to fully distinguish the nature and value of participation. For example, the collective characteristic of taking part in the PMA and the team sport of football is simultaneously an aspect of the nature and value of participation.

This section of the chapter begins by discussing findings relating to the limitations of drawing from a biomedical, deficit model of mental distress, when considering participation in sport by people with experience of mental distress.

9.1.1 The limitations of a biomedical understanding

This study's findings challenge the dominant biomedical understanding of mental distress and participation in sport, which constructs mental distress as a brain disease that results in deficits in performance and participation, with the 'problem' located primarily in the individual and requiring pharmaceutical treatment to resolve (Mental Health Taskforce 2016; Royal College of Psychiatrists 2012b). This construction was represented in the *participation as healthy* discourse and is shaped by research evidence that suggests that people with experience of mental distress are more likely to develop certain physical health problems. Such health risks are connected within the literature to weight gain, a sedentary lifestyle, and the side effects of taking psychiatric medication (Royal College of Psychiatrists 2013). Therefore, physical activity and participation in sport are frequently asserted as a universal panacea for people with experience of mental distress (Royal College of Psychiatrists 2012b).

In contrast to this biomedical understanding, this study's findings highlight the inclusive and accepting nature of the PMA, which was constructed by those who took part as providing feelings of safety and acceptance and alleviating mental distress. Such findings highlight the wider *societal* issues and social processes affecting people with experience of mental distress. Indeed, the inclusive and accepting environment of the PMA is positioned in their talk in contrast to other areas of their everyday lives, where they do not feel included or accepted due to their experiences of mental distress. In turn, the PMA enabled additional occupational opportunities, such as gaining coaching qualifications. Such an environment was connected within this study's findings with being part of what kept people well, as well as what eased feelings of mental distress. The environmental aspect of the value of participation in the PMA can be connected to literature relating to a social model understanding of mental distress, which seeks to challenge the dominance of the biomedical understanding in professional and public thinking because it can be stigmatising and unhelpful. However, people with experience of mental distress have also cautioned against crudely applying the social model of disability to experiences of mental distress, as not all aspects of it resonate with people's experiences, for example notions of impairment (Beresford et al. 2016; Beresford & Nettle 2010).

Furthermore, this study's first strand themes of 'Being part of a team' and 'Developing and staying well through football' highlight the collaborative and associational nature and value of participation in the PMA, in addition to the individual benefits and outcomes that relate to fitness and weight loss. For example, participants spoke of the collective nature of their participation in the PMA, and how this motivates them in terms of their contribution to a team, when their individual motivation might be lacking. These findings align with previous research findings relating to the social nature and value of participating in a football project for people

with experience of mental distress (Brawn et al. 2015; Carless & Douglas 2008b; Friedrich & Mason 2017b; Magee et al. 2015), which also references players working together to achieve success as a team (Mynard et al. 2009).

What was particularly prevalent within the second and third strand findings of this study was a sense that the discipline associated with being part of a medically dominated mental health system had a significant impact on participation in the PMA and the team sport of football, in terms of asserting and privileging certain social practices. For example, that players had often been reliant on mental health professionals to provide the initial introduction and referral to the PMA, and that at times their participation in the PMA was disrupted by the privileging of other forms of mental health treatment. Such restrictions to participation may be particularly prevalent for those people whose mental health care is managed under section or via a community treatment order (Department of Health 2015). Indeed, participants spoke of managing the (sometimes competing) demands of their mental distress. For example, Sid's attendance at his depot appointment was constructed as being prioritised over his participation in the PMA, despite him previously suggesting that his doctor considered his participation in the PMA to be something that was healthy. Such talk refers to the power relations and social processes that are at work, providing a sense of compulsion rather than choice in terms of how Sid spends his time and fulfils medical appointments.

The specific complexity of constructing participation in football as an adjunct intervention for people with experience of mental distress is also visible in the third strand findings, when Keith likened his participation in the PMA to "*...like a job*" (line 59), suggesting that some of the value of participation in the PMA for him was in it providing an escape from his mental distress. Therefore, the study's findings suggest not just potential outcomes in terms of improvements in physical fitness and

mental health, but also significant shifts in how those who participated perceived themselves and how they feel they are perceived by others. These findings confirm previous narrative research involving players in a football league for people with experience of mental distress, which suggested that the empowering narrative of being a football player offers an alternative narrative and challenge to the disempowering medical narrative of being a mental health service user (Brawn et al. 2015). Furthermore, football and other forms of physical activity have been found to provide the opportunity for people to background their mental distress and have an alternative focus in their lives (Dyer & Mills 2011; Hodgson et al. 2011; Lamont et al. 2017; Moloney & Rohde 2017).

The *participation as healthy* discourse could be viewed from a Foucauldian lens as exerting a form of discipline and bio-power, striving for social control at both an individual and community level, through the various institutions and social practices associated with participation in sport and physical activity (Foucault 1978).

Constructing the fit and active body as healthy and the unfit and inactive body as unhealthy or 'deviant' in terms of how this is represented in wider society, also makes it a moral discourse as it is value laden. Indeed, the *participation as healthy* discourse and its presence within policy and strategy emphasises personal obligation and individual responsibility to maintain good health through physical activity. The 'fitness' aspect of the discourse, its medical model underpinnings, and related health guidance emphasise an individual responsibility to complete regular amounts of physical activity. This discourse therefore overlooks wider determinants and mediating factors that may limit or restrict participation in sport and physical activity at both an individual and community level for people with experience of mental distress, such as stigma and low income. This is illustrated further in this study's findings in terms of participants' references to the difficulties and constraints associated with joining more mainstream footballing opportunities, such as not

having a sufficient income to drink regularly in a pub and therefore join a pub team.

This highlights the value of participation in the PMA in terms of providing a relatively accessible and inclusive opportunity to play football for those that choose to take part.

Interestingly there was only minimal overt rejection within participant's talk of the dominance and power of the medical model. Although Dwayne was the exception to this, when he talked about it at length within his second strand walking interview. He suggested that diagnostic labels within the mental health system are too enduring and that whilst the mental health system and related policies refer to notions of recovery, it is not possible to achieve it because diagnostic labels relating to mental health are never fully removed. He states that he no longer considers himself to be bipolar and within his talk likens such a situation to committing a criminal act and forever more being considered a criminal. Therefore, he engages with a recovery discourse.

This study's findings relating to the limiting and restricting nature of the medical model provide important new knowledge, because the majority of research studies that have been completed in reference to people with experience of mental distress participating in football have been within the frame of a football project in a statutory mental health context, with a tendency for the football to then be positioned as an adjunct to other, more conventional, mental health treatments and interventions (Darongkamas et al. 2011; Friedrich & Mason 2017a; McGale et al. 2011). However, other research has cautioned against considering such football interventions to be a "*wonder drug*" that is a universal panacea for all (Friedrich & Mason 2017b), and this perspective will be further explored in greater depth later in this chapter in relation to the concept of the dark-side of occupation.

Having discussed the limitations of considering participation in the PMA and sport from a biomedical understanding of mental distress, the next section will turn to considering what an occupational justice perspective might have to offer when considering the complexity of participation.

9.1.2 An occupational justice perspective

The findings of this study emphasise the complexity of participation and therefore the limitation of regarding participation in sport as a lone act, determined entirely by the individual. When talking about the initial stages of their connection with the PMA several participants also referenced the involvement of other referring professionals and their perception of the value of participating in the PMA as health enhancing. This finding highlights the broader context that participation occurs within, beyond team-mates and the project itself, and the discipline associated with living with experience of mental distress when in contact with mental health services. Social determinants of health, such as poverty and low social status often coincide with someone experiencing mental distress, and this is exemplified in Sid's talk when he refers to lack of money as a factor in not joining a pub side football team. Such structural inequities, which obstruct participation and prevent sufficient resources to pursue occupational intentions, can be related to the concept of occupational justice (Hammell 2015; Stadnyk et al. 2010). Occupational justice is concerned with people having the right to engage in meaningful occupations, in order to meet their needs and develop their potential.

Indeed, what is interesting to note in terms of the participants' talk is that when describing their inactivity this was often constructed as occurring due to external constraints, such as income and stigma, aligning with the concept of occupational justice and more specifically the resulting risk factor of occupational deprivation

(Hammell & Beagan 2017). As detailed more fully in Chapter two, occupational deprivation is considered to be a possible outcome of occupational injustice (Townsend & Wilcock 2004) and can be defined as: *“a state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual”* (Whiteford 2000 p201). It is important to note here that it is something external to the individual that is resulting in the deprivation, not something internal, such as an illness. Additionally occupational deprivation is defined as a prolonged state and therefore distinguished from occupational disruption, which is more temporary and transient (Stadnyk et al. 2010). However, the concept of occupational deprivation is still being refined in relation to a capabilities based approach to human rights, which emphasises that ability is of little value without opportunity (Hammell & Beagan 2017). Within this study’s findings this is illustrated in participants talk about the barriers they perceive there to be in relation to participating in mainstream footballing opportunities, irrespective of their footballing ability. Occupational deprivation and the importance of considering opportunity *and* ability is also evident in the first person published accounts that were presented in Chapter two. These depict a perceived lack of privacy within showers and cubicles making gyms and pools inaccessible, and also difficulties with affording some activity opportunities such as a bootcamp (Rowan-Olive 2018).

It is therefore important that the national public health inactivity problem depicted in sport policy, strategy and the media (Sport England 2016a; Department for Culture Media and Sport 2015) fully considers the nature of people’s participation in sport and physical activity, and how and where it situates responsibility, in terms of potentially depicting it as an individual problem and/or a community or societal one. Furthermore, considering the issue purely from an inactivity perspective means that the agenda potentially becomes too focused on the outcome of participation in sport and physical activity (i.e. increased activity), rather than focusing on the nature of it.

For example, that the broad and diverse determinants that contribute to such inactivity have the potential to constrain participation in sport and physical activity, but may be overlooked if the agenda is narrowly focused on people simply doing more (Activity Alliance 2018).

Indeed, a basic approach of people simply 'being more active' with weekly targets for physical activity (Department of Health 2011c) is not inclusive of the needs and capabilities of people for whom being over-active is part of their experience of mental distress, for example someone with an eating disorder or experiencing a manic episode. Nor is it inclusive of people who have a degenerative, fluctuating or life limiting condition that compromises activity levels. This provides a sense of how people who have such experiences may be further marginalised by a narrow focus on being more active. What is also concerning when considering this study's findings relating to the diverse and complex nature of participation in the PMA, is that these intricacies and nuances in participation are unaccounted for within policy. Indeed, policy tends to construct disabled people as a broad homogenised group, in which people with experience of mental distress are included (Sport England 2016a; Department for Culture Media and Sport 2015).

However, there is now an emerging evidence base to support and inform a specific *occupational* perspective of participation in sport and physical activity, which takes account of the complexity of participation (Alexandratos et al. 2012; Moloney & Rohde 2017; Mynard et al. 2009; York & Wiseman 2012) but further research is needed. The occupational therapy profession is ideally positioned to contribute to planning and supporting the participation of marginalised groups in sport and physical activity. Indeed, the need for an appropriately skilled workforce has been discussed in previous research (Lamont et al. 2017) and there have been specific

calls for occupational therapists to extend their scope of practice to the sports sector (Mynard et al. 2009; Sport England 2018).

Further confirming existing understandings of participation in community football projects for therapeutic means and ends, are this study's findings relating to there being a process of participation for those that take part.

9.1.3 A process of participation

Some of the complexity of participation, in terms of both nature and value, comes from there appearing to be a process to participation in the PMA. Evident within the second and third strand findings was that whilst there was only very minimal rejection within participants' talk of the notion of being unwell in some way, the *participation as healthy* discourse could still be considered a necessary precursor to the other two discourses of *participation as social* and *participation as occupational*. This was because participants had to, to some extent, accept their status as a mental health service user and/or having some other form of health need, such as losing weight, in order to access the PMA as a health service with a referral process via professionals. Players initially talked of their experience of having a mental health problem from the subject position of being a mental health service user, to then talk of the comparative occupational opportunities, acceptance, and belonging that they experienced as part of their participation in the PMA. This aligns with the broader philosophies that the three discourses represent, for example that the social model exists as a response to the limitations and reductionism of the medical model (Anastasiou & Kauffman 2013). Furthermore, it illustrates how the dominance of the *participation as healthy* discourse and its related power/knowledge has privileged practices around the creation of specialist sports projects and initiatives for people with experience of mental distress, but that this has in turn created the subject

position of the mental health service user in relation to participation in sport and physical activity. Such practices can be viewed as further perpetuating the marginalisation of people with experience of mental distress, and this is an issue that will be returned to within section 9.3 later in this chapter.

Within the *participation as occupational* discourse this study's findings identified diverse motivations for players initially deciding to participate in the PMA, such as an opportunity to do something, losing weight, and getting fit, which over time evolved to be more focused on the social relationships and meanings that formed from them being part of a football team. This meant the nature of their participation came to be driven more by their role as a football player, rather than their status and context as a mental health service user. This finding fits with the identity shift discussed above and suggests that there was a chronology to players' participation in the PMA. The nature of participation in the PMA being cumulative aligns with previous research findings that identified involvement in a football project for people with experience of mental distress was often initially enabled through support from others, such as a mental health professional (Brawn et al. 2015). The role other people played (such as referring professionals, staff who accompanied players to initial sessions and housing association staff within their living environment) were all referenced as having an involvement with the initial stages of participation in the PMA. To some degree this finding echoes previous research that has also identified the importance of support in enabling and sustaining participation (Brawn et al. 2015; Get Set to Go Research Consortium 2017), and that participation evolved over time as people's confidence increased and social bonds were formed (Hodgson et al. 2011). However, Brawn et al. (2015) and Hodgson et al. (2011) considered mental health professionals as universal enablers, rather than considering the broader mental health system context and how a lack of appropriate support from mental health professionals may also present a barrier to participation. In comparison the Get Set

to Go (2017) study explored the potential of peer support and found it to be integral to enabling and sustaining participation. Furthermore, the Get Set to Go programme took a much more social model approach to supporting people to be more active, for example by providing training and support to mainstream sport and physical activity providers to ensure that their facilities are welcoming and accessible to people with experience of mental distress.

Findings from this study relating to the chronological and collective nature of participation in the PMA and the team sport of football can also be linked to the concept of co-occupation, which is characterised by shared physicality, shared emotionality, and shared intentionality. Shared physicality is concerned with two or more people engaging in reciprocal motor behaviour; in the case of a football game passing a ball to a team-mate to set up a goal. Shared emotionality refers to a person being responsive to another's emotional tone, for example, providing reassuring words to a team-mate when the behaviour of a footballing opponent agitates them. Shared intentionality denotes having shared goals, in a football game this may occur on several levels; to score goals; to win the match, or perhaps wider aspirations of winning the league. The suggestion that there is shared physicality, shared emotionality, and shared intentionality reflects the dynamic nature that is inherent in participation in a co-occupation and that co-occupations require two or more agents who are acting within the same time frame (Pickens & Pizur-Barnekow 2009; Barnekow & Davel Pickens 2011). Co-occupations can emerge from, and revert to, solitary, parallel or shared occupations over time (Pickens & Pizur-Barnekow 2009). Considering and further researching football as a co-occupation may provide additional opportunities to identify the nuances and mediating factors associated with participation, in order to ensure engagement and any resulting benefits are maximised.

However, whether considering football as an occupation or a co-occupation, it is also necessary to consider all its facets, including those that may not promote health and well-being. This study's findings relating to the multi-factorial nature of football will be now explored below, with application to the concept of the dark-side of occupation.

9.2 The dark-side of participation

Further extending knowledge relating to a critical perspective of therapeutic participation in sport and physical activity, is a key finding from this study that there are distinct departures from the positive value and cohesive, collective nature of participating in the PMA within participants' talk. Players referred to the collective nature of football as a team sport presenting challenges at times, and that these challenges directly related to the nature of the football in terms of it being a competitive sport that is based on a power/performance model of winners and losers. For example, those that took part spoke of having to cope with the feelings associated with being substituted, feeling judged for their performance on the pitch when it came to team selection, and the social difficulties associated with needing to get on with team-mates when they were perhaps not people they would ordinarily choose to spend time with. However, further highlighting the complexity of participation, when it comes to considering mediating factors and how participation might be best organised to maximise engagement and therapeutic outcomes, is the first strand theme of 'the two sides of taking part'. This theme particularly captured players discussions about them valuing the seriousness of the football, and that whilst attempts on occasion to even up teams may have enabled meaningful participation for some, it also resulted in a loss of positive meaning for others. It separated them from team-mates and, they reported, undermined the competitive nature of being part of a designated team. This was emphasised by them drawing

comparisons with premiership teams and that players would never be swapped in that context.

Such findings can be connected with the concept of the dark-side of occupation, which is a concept concerned with addressing the historic tendency within occupational therapy and occupational science for occupation to be largely understood as positive and productive for individuals, groups and communities (Twinley 2013; Twinley & Addidle 2012). However, the concept does not assert that there are simply two sides to occupation, but rather seeks to deepen, and broaden our understanding of occupations as complex and multidimensional. A team sport such as football is such an example, if we consider it as potentially competitive, divisive, exclusive, and elitist, alongside also having the capacity to be fun, health-enhancing and providing a sense of purpose. Crucially, the concept of the dark-side of occupation encourages consideration of all the various dimensions of an occupation, including those that may not lead to good health and/or well-being. The concept addresses a limitation within the occupational therapy literature and evidence-base, which has a dominant focus on occupations that are perceived to restore or maintain good health, promote social engagement, and develop vocational skills (Twinley 2013). Furthermore, the positive dimensions and attributes of occupations being hegemonic is mirrored within contemporary health and sport policy, which promotes participation in sport and physical activity as a universal panacea and solution to the our 'national inactivity problem' (British Medical Association 2014; Department for Culture Media and Sport 2015; Hagell 2016; Royal College of Psychiatrists 2012a; Royal College of Psychiatrists 2012b; Royal College of Psychiatrists 2013; Sport England 2016b).

This study's findings challenge the above assertion by demonstrating the complexity of participation, and the potential for such participation to at times perpetuate or

exacerbate people's experience of mental distress. This challenge to the dominant *participation as healthy* discourse is further supported by the first person published accounts of participating in sport and physical activity, which are presented in Chapter two. These accounts supplement a counter discourse arising from this study's findings, which is concerned with the multifactorial nature of participation in sport and physical activity due to it at times leading to feelings of anxiety, failure and guilt for some people (Faulkner & Layzell 2000; Gould 2016; Rowan-Olive 2018).

What this study further extends in relation to the existing examples and focus of research relating to the dark-side of occupation, is that it more fully considers the multi-factorial nature of the occupation of football, rather than focusing on occupations that could be considered to more obviously have a dark-side. For example, rape, violence and sexual assault (Twinley & Addidle 2012; Twinley 2017).

The usefulness of utilising the concept of the dark-side of occupation in relation to participation in sport and physical activity for therapeutic means and ends will now be detailed below, as more fully considering the multi-factorial nature of sporting occupations is felt to have much to offer the inclusive sport agenda, in particular how community sports projects might best organise participation to maximise engagement and the benefits derived.

9.4.1 Managing tensions around inclusion and competition

The application of the concept of the dark-side of occupation to this study's findings has illuminated the tensions in enabling inclusive participation in sport, as the experience of participating is such a subjective one and the nature of participating in team sports is one fundamentally concerned with division and simultaneous experiences of inclusion and exclusion. However, the multi-factorial nature of the

occupation of football, which may result in participation not always leading to good health and/or well-being is an issue under-explored in the literature. In terms of the key 22 studies appraised in Chapter two, only eight of these make any reference to dimensions of football that may lead to difficulties and/or exacerbate mental distress (Brawn et al. 2015; Darongkamas et al. 2011; Dyer & Mills 2011; Friedrich & Mason 2017b; Get Set to Go Research Consortium 2017; Henderson et al. 2014; Lamont et al. 2017; Magee et al. 2015). Where these references are made they were minimal within the context of other findings relating to the positive aspects of participation and the therapeutic potential of football, which may be because of dominant constructions and discourses within the existing literature that then obscure other experiences and practices.

In their review of the empirical evidence concerned with football interventions for people with experience of mental distress Friedrich & Mason (2017b) cautioned against positioning football as a universal panacea for people with experience of mental distress. Indeed, they assert the importance of fully considering any potentially negative dimensions of a sporting activity that might be utilised therapeutically. Further confirming the findings of this study, Brawn et al. (2015); Lamont et al. (2017) and Magee et al. (2015) all highlight issues associated with the competitive nature of the team sport of football. Furthermore, findings from this study relating to the feelings associated with fears of, or the actual, closure of a PMA echo findings from studies by Darongkamas et al. (2011), Dyer & Mills (2011) and Henderson et al. (2014) who all also discuss the distress and risk that closure of a project represents for a group of people who are frequently marginalised from mainstream opportunities to participate in sport.

A further finding from this study related to the increasing financial vulnerability of the PMA, which was a very prominent issue represented in the first strand theme of

'restricted and restricting resources' and depicted in the subsequent second and third strands. In particular, the photographic data constructed a sense of how reducing financial resources had led to shifts in occupying mainstream spaces (such as the Hackney Marshes Centre) to the 'clubhouse' that was located within a mental health facility. There was a sense of participation being distorted and compromised by funding restrictions as organisational changes, such as how and where training sessions were organised, were imposed by paid staff in attempts to secure further funding. The relevance of this situation to the concept of occupational justice is exemplified in the change to the PMA being re-structured as two distinct academies, in comparison to the original structure of a league of community-based football teams. This transition was necessary to reduce staffing costs and to attract additional educational funding streams but resulted in a practical change in terms of the four London football teams training together within the one academy, in comparison to them previously training separately as their community-based teams (of Hackney, Haringey, Newham and Islington). For some players this undermined the competitive nature of the team sport and therefore the meaning and purpose they derived from taking part. Ultimately this contributed to some players deciding they no longer wished to take part, and therefore an opportunity for participation ending.

9.4.2 Threats to positive participation

Alongside providing information about the positive nature and value of participation in the PMA, this study's findings and previous research also have a usefulness in identifying factors that are likely to undermine and restrict participation. The findings from this study have confirmed previous research findings in identifying the side effects of medication, age, low income, and accessibility, as potential barriers to people with experience of mental distress participating in football (Hodgson et al.

2011). Additionally, Lamont et al.(2017) outlined the difficulties associated with engaging or collaborating with local professional football clubs to support ventures beyond a defined mental health football project and highlights the pressure and tendency for mental health services to be established with an expectation of throughput and 'recovery' and that this does not fit with membership to mainstream sports clubs where membership is likely to be continuous if someone taking part chooses for it to be. Furthermore, they may well choose to do so from the perspective of believing it to be part of them maintaining their health and well-being, similarly to people with experience of mental distress who may wish to stay involved with an organisation like the PMA long-term. Indeed, discussion of the distress associated with projects ending (Henderson et al. 2014) particularly resonated with the findings of this study in terms of all three strands, which frequently depicted the prevalence of players concerns about the future of the PMA and then its subsequent demise. Such findings highlight the importance and challenge of sustainability, particularly when such projects tend to be positioned as supplementary rather than essential to existing mental health service provision. Furthermore, there is an ethical issue around failing to create certainty when seeking to achieve therapeutic outcomes with an already marginalised and vulnerable group of people with experience of mental distress, as uncertainty, fragmented service provision and closure can all exacerbate mental distress.

There is therefore a need for longitudinal research that explores what happens when community projects such as the PMA end and/or people decide to leave. This gap has been identified in several previous studies (Brawn et al. 2015; Darongkamas et al. 2011; Friedrich & Mason 2017a; Friedrich & Mason 2017b; McGale et al. 2011; Mynard et al. 2009).

Another finding of this study that has the potential to undermine positive participation, relates to participants such as Donell discussing the additional demands of having a physical health condition within the second and third strand findings. Such talk introduces the notion of intersecting health identities; being both a mental health service user and a cardiology patient. The intersectionality paradigm is also largely ignored in sport policy and strategy (Sport England 2016; Department for Culture Media and Sport 2015). For example, although the low levels of sport and physical activity participation by women and disabled people are acknowledged, these two groups are discussed separately and therefore the complex interactions between multiple social categories, and what the subsequent impact on participation would be, is overlooked. Furthermore, such isolated categorisation of people and the absence of their distinct and diverse experiences in research, policy and strategy, perpetuates an 'othered' status for people with experience of mental distress and provides little opportunity for them to develop their own discourses (Beresford 2013).

Considering this study's findings and the tensions and issues discussed above in relation to the concept of the dark-side of occupation, it is suggested that the notion of inclusive sport, which was defined in Chapter one as involving disabled people participating and competing in sport alongside non-disabled people (Bullock 2018) be revisited. This current definition, its related practices and strategic intentions (Department for Culture Media and Sport 2015; Sport England 2016a; Sport England 2016b) focus almost exclusively on the immediate intricacies of how sports might be organised to be more accessible and inclusive. For example, through rule and playing modifications, which enable more varied and accessible participation. What the notion and practices of inclusive sport does not currently include is a concern for the broader structural inequities that restrict and obstruct participation, such as low income and fears about benefit sanctions (Activity Alliance 2018).

9.3 The importance of place and space

The use of walking interviews for second and third strand data collection, enabled a focus on exploring how players characterise their participation in the PMA, and the places and spaces involved (including after the closure of the PMA, in the case of the third strand). The use of walking interviews aligns with literature that has previously called for a contextualised understanding of occupations (Twinley 2013) and is felt to have a particular value in exploring how contexts might in themselves present barriers to participation. The specific research questions relating to the second and third strands were:

- How is the nature and value of player's participation in the PMA influenced by place and space?
- How is the nature and value of player's participation impacted by the transition to become a self-organising community-based football team?

For the purposes of this study, places and spaces are defined as including both the various physical environments that are pragmatically involved in people's football participation (for example, the PMA offices, changing rooms, astro-turf and grass pitches) and also the more elusive spaces that have evolved to mean something within the context of becoming and being a football player (for example, the 'clubhouse' room and the post-training community café that players frequented).

The findings from this study highlight the value of the PMA in providing a place and space to participate in football. This connects with discussions earlier in this chapter about the inclusive and accepting nature of the PMA in reference to the limitations of a biomedical understanding of mental distress. The PMA was often constructed within players' talk as a place to go, something for them to do, which they also found

enjoyable. Within their talk players also often contrasted the PMA with other spaces in their lives, where they referred to themselves as being inactive or lacking in things to do. This notion of a mental health football project providing something to do, against a backdrop of an otherwise largely sedentary lifestyle as a mental health service user, is something that has been identified previously in research (Carless & Douglas 2008; Moloney & Rohde 2017). In particular participation in such projects has been identified by those that take part as providing a valuable sense of routine and structure (Brawn et al. 2015; Henderson et al. 2014; Hodgson et al. 2011; Moloney & Rohde 2017), alongside being a place and space that provides the opportunity to form social relationships, and fosters feelings of belonging and acceptance (Brawn et al. 2015; Mynard et al. 2009).

The findings from this study and the research evidence to date, suggest that orientating mental health service provision around sports activities such as football provides a safe and inclusive space for people with experience of mental distress (Lamont et al. 2017; Mason & Holt 2012). Furthermore, the engaging nature and broad appeal of football has been referred to in previous research studies, in relation to working therapeutically with marginalised groups and providing a valuable point of unity and connection (Friedrich & Mason 2017b; Magee & Jeanes 2013; Magee et al. 2015). In particular, the broad appeal of football was referred to in this study's findings and has also been linked to specific issues around men's mental health, their tendency to be reluctant to seek help until reaching a point of crisis, and therefore the need to think creatively about identifying accessible spaces for mental health service provision (Berger et al. 2013; Doherty & Doherty 2010; McGale et al. 2011).

The therapeutic space that is created when a mental health football project is established appears critical to its success, with it being referred to frequently within

research papers (Brawn et al. 2015; Dyer & Mills 2011; Get Set to Go Research Consortium 2017; Lamont et al. 2017; Mason & Holt 2012; Mynard et al. 2009). The PMA was deliberately constructed to operate as a bridge between inpatient and community life for people experiencing mental distress (Hynes 2008; Hynes 2010), an organisational structure that was echoed in the Lamont et al. (2017) study exploring the success of four collaborative mental health football/walking football projects in Scotland. Such a structure may also be linked to the reduced hospital admissions, which it has been suggested mental health football projects help to achieve (Dyer & Mills 2011; Hynes 2010; McElroy et al. 2008). Furthermore, the nationwide Get Set to Go programme (Get Set to Go Research Consortium 2017), which involved participation in football as a component of a broader physical activity programme, references the importance of peer support in relation to creating an accessible and inclusive space for people with experience of mental distress, particularly around enabling people to return to the programme after a period of ill-health.

9.3.1 Activism/action and occupying mainstream spaces

In terms of the places and spaces in which the football takes place, the findings of this research study highlight the value attached to players being able to access and become familiar with mainstream footballing facilities. This finding aligns with previous research that has discussed the importance of such projects using mainstream facilities and prestigious footballing spaces (Magee et al. 2015; Oldknow & Grant 2008).

The PMA was also an organisation based on principles of inclusion and there was therefore little division between staff members and those that took part, with them being referred to as players rather than patients or service users (Hynes 2010), an

approach which has been identified as helpful in research involving projects and organisations with similar structures (Lamont et al. 2017). As previously discussed in Chapter seven in relation to the second and third strand findings, the construction of a mental health service user subject position requires the implicit acceptance of players having a mental health problem. This is a point where the *participation as healthy* and *participation as social* discourses were found to converge, as this can be understood as the stigma and 'othering' associated with the *participation as healthy discourse* (the dominance of the medical model and the resulting status of a mental health service user), necessitating the space and discourse for participants to talk of experiencing a sense of belonging in response (Beresford 2013). Within their interview talk several of the participants constructed the value of the PMA in terms of it being an organisation that provided them with a safe place and space, which they perceived to be free of stigma and judgement. This was contrasted in their talk with other places and spaces in their everyday lives, where they spoke of feeling judged and discriminated against. However, at this stage participants tended to position stigma and judgment within their talk as external, real or imagined, barriers to participation.

The value players attached to the exclusive nature of the PMA, as an organisation solely for people with experience of mental distress, is an interesting point of juxtaposition against the organisation's social inclusion intentions and seeking to enable integration into community life. It is also a point of tension in the current strategic push for creating inclusive sports opportunities, which intend to be inclusive of all (Department for Culture Media and Sport 2015; Sport England 2016b). I believe that for as long as we have a mental health system and related policies and health guidance dominated by the medical model, and a tendency to stigmatise and marginalise those who experience mental distress, we will require specialist sports provision, organised around disability and health conditions, that provides a safe

haven for marginalised groups. Such practices can be related to the concept of occupational apartheid, which results from the systematic segregation of groups of people and deliberately denies them access to occupations as a result of beliefs about their capabilities or entitlement (Hocking 2017; Townsend & Wilcock 2004). This further highlights the complexity and tensions in providing safe and accessible places and spaces orientated around the shared experience of mental distress, whilst also championing inclusion. Indeed, from the application of the concept of occupational apartheid, the PMA as an organisation that sought to utilise football as a therapeutic tool specifically with people with experience of mental distress, could be viewed as promoting segregation and perpetuating marginalisation. Furthermore, projects that apply the broader term of 'disability sport' could seem irrelevant to people with experience of mental distress who often do not identify with such a term (Beresford & Nettle 2010; Beresford et al. 2016).

Therefore, at a very fundamental level this study's findings and related research evidence have significant consequences for the sport and physical activity participation of people with experience of mental distress, in that if services and opportunities are labelled as 'disability sport' or 'for disabled people' this could alienate and potentially present a barrier to the participation of people with experience of mental distress if they do not identify with such terminology. Indeed, a study of a mental health football project in England discussed the difficulties associated with restricting provision just to those people with experience of mental distress, as it denied the opportunity for friends and family members to play alongside them (Henderson et al. 2014). Furthermore, the notion of such terminology and categorisation presenting a barrier to participation is perpetuated in contemporary sport policy and strategy, which at several points references the specific participation needs of disabled people and the need to better understand the barriers and constraints they may encounter when seeking to be involved in sport

(Sport England 2016b; Department for Culture Media and Sport 2015). There is a limited and limiting positioning of disabled people as a singular homogeneous group, which lacks an appreciation of the complex needs of people with disabilities and/or other forms of additional or health need (such as those with experience of mental distress), which are not referenced at all beyond the groups of women and girls, disabled people, lower socio-economic groups, and older people, as being identified as participating in sport less than the population as a whole (Department for Culture Media and Sport 2015). Indeed, there is no specific mention of people with experience of mental distress, despite them being identified elsewhere as a group that are particularly under-involved in sport and physical activity in comparison to other health groups (English Federation of Disability Sport 2013; Get Set to Go Research Consortium 2017). Furthermore, Hynes (2010) has detailed her experiences of the inadequate provision for people with experience of mental distress in relation to disability sports provision.

However, this returns us to the issue of disabled people being considered as a homogenous group and other marginalised groups that do not identify with the label of being disabled, such as those with experience of mental distress, being overlooked (Beresford & Nettle 2010; Beresford et al. 2016). This issue is present not just in sport policy and strategy (Sport England 2016b; Department for Culture Media and Sport 2015) but also research that has been limited to examining the participation rates of disabled people in sport as a collective (Jong et al. 2010) or at best split down into impairment groupings (English Federation of Disability Sport 2013). Such research has also given rise to calls for a reformed sporting agenda that moves from focusing on individual deficits and impairments, to more fully considering the complexity of sports participation through a social model approach (Misener & Darcy 2014; Darcy et al. 2017). Such an approach would enable a more complete understanding of the factors that can constrain sports participation to then

enable more meaningful participation. Although such an approach needs to account for the subtleties in sports participation, including the differing, diverse and specific needs within and across various marginalised groups, such as those with experience of mental distress. It would also be complementary to the capabilities based approach to human rights and promoting occupational justice (Durocher et al. 2014; Hammell & Beagan 2017).

9.4 The transformational potential of participation

Linking closely with this study's findings relating to the PMA providing a safe place and space for people with experience of mental distress, is another key finding that draws from all three of the data collection strands. This was that participation in the PMA enabled various forms of development for those who were involved, and for some such development was transformational. For example, the absence of judgement players experienced for themselves through participation in the PMA was then connected in their talk to fostering a more accepting and inclusive mindset themselves. Indeed, both the lack of judgment and a sense of belonging are frequently identified as helpful aspects of the PMA culture in players' talk.

A key component of this study's findings is therefore concerned with the transformative nature of participation in the PMA. From examining players and staff talk, such transformations are constructed as occurring on different levels. For some a fleeting, momentary transformation is described, where they become so absorbed in the activity of playing football, they forget other aspects of their lives, whereas for others they talk of it as occurring as a more radical shift in their identify. For example, from mental health service user to football player. However, such transformations also appear under threat from reductions in funding and resources.

The second 'doing, being and becoming' aspect of the *participation as occupational* discourse was specifically concerned with players constructing their participation in the PMA within their talk as a transformational experience. In their talk participants frequently positioned themselves in terms of their life outside of the PMA as a mental health service user, who is dependent on and controlled by others through the discipline of the mental health system. In contrast, it appears their participation in the PMA enabled them to (re)construct themselves within their talk as a football team player, who belongs to a collective and is respected and understood by their teammates. Indeed, there is again a link back to Foucault's conditions of possibility, as taking part in the PMA appears to open new discourses for participants, which ultimately makes the alternative subject position of a football player possible as a construct within their talk. However, this transformation appeared to occur over time and was also spoken of as being somewhat fragile and dynamic. For example, it appeared to be threatened and undermined by funding and organisational changes that occurred within the PMA. Less evident were constructions of the players as people who experienced belonging and a sense of agency in their own communities, or as part of their wider everyday lives.

Such findings aligns with previous research, which has identified that participation in a mental health football project appears to enable a (re)connection to a past sporting identity and/or passion for football (Brawn et al. 2015; Carless & Douglas 2008b.; Carless & Sparkes 2008; Dyer & Mills 2011; Mason & Holt 2012) Additionally, another transformation that was evident in participants' talk was concerned with players talking openly about the therapeutic nature of their participation and how the PMA and playing football has helped them to address certain difficulties or problems that they perceived themselves to have encountered, such as Sid's difficulty with remembering names. Notably players talked about such difficulties and how they went about overcoming them in connection with participating in the PMA and playing

football, as if that context and activity provided a therapeutic vehicle through which players were able to talk about starting to unpack and address some of their difficulties. However, within such talk it is again notable that even within some of this transformational talk the *participation as healthy* discourse and the medical model conceptualisation of being unwell and experiencing mental distress remains dominant.

Interestingly, some of this development is positioned within players' talk as arising from the collective nature of participating in the team sport of football, and therefore a sense of the shared intentionality discussed earlier in this chapter in relation to the concept of co-occupation, motivating players to develop themselves to perform better as part of a team, not just as individuals. For example, the need to get along with people because they are teammates, though they may not be people they would ordinarily have chosen to spend time with. This expands on the 'being part of a team' finding from the first strand data, as it provides further detail about how the social, collective and associational nature of being part of a team might shape, motivate and organise the nature of players' participation in the PMA. Although it is important not to also lose sight of increased social expectation and interaction also proving difficult for some people with experience of mental distress when participating in a community sports project (Oldknow & Grant 2008).

Such talk was connected to the subject position of being a mental health service user. For some players, this was also linked to them voicing intentions to return to a previous state of doing and being, perhaps before the onset of any health problems. Therefore, there was an aspirational element to their talk, as they envisaged what participation in the PMA might enable them to become in terms of alternate states of health and identity. However, this is a point in which the *participation as healthy* and *participation as occupational* discourses converge, as such aspirational talk required

them to accept their status as a mental health patient to then be able to talk of returning to health, when an alternative would be to reject that they are unwell at all.

For some players a more transitory and spontaneous transformation is constructed within their talk as having brought about quite radical shifts in their thinking and behaviour. For example, in her interview PMA staff member Kate describes her experience of working with a player with a diagnosis of obsessive-compulsive disorder (OCD) and how a spontaneous, somewhat automatic, response to head or pick up a ball began to challenge the player's beliefs around contamination and slowly saw a shift in their thinking. Interestingly the extract concludes with Kate herself confessing that despite being an occupational therapist she was surprised by the potential of football to achieve such an outcome: These findings concur with previous research, which has also reported football to be absorbing and therefore a helpful distraction from people's experience of mental distress (Brawn et al. 2015; Dyer & Mills 2011; Hodgson et al. 2011; Lamont et al. 2017; Moloney & Rohde 2017). Furthermore the notion of transformation through participation can be corroborated through the first person published accounts presented in Chapter two, when participating in martial arts is described as providing a personal transformation in relation to physical contact and touch, as the boundaries of sport made it safe (Faulkner & Layzell 2000).

9.4.1 Occupational spin-offs

The findings of this study identify several points at which those that took part talked of benefits that inter-relate and extend beyond the community football projects themselves. The first strand theme of 'Developing and staying well through football' is concerned with the various occupational opportunities that taking part in the PMA provided, such as contributing to the running of the organisation by becoming a

coach or team manager. Although not specific, Keith's reference in his talk to a weekly "...*check-in...*" (line 163) in his third strand interview constructs the PMA as having a deliberate interest in the players themselves and how they were, underlining his point about involvement in the PMA not just being about playing football and then leaving. Keith also refers to himself and his team-mates as a collective, doing more than just playing football together: "*we used to go on little trips places...*" (line 163), indicating that there were other, shared occupational opportunities that arose from being involved with the PMA and belonging to a team. However, Keith refers to these in his talk in the past tense, as his interview occurred as part of the third strand, just over four months after the PMA ceased to be a formal charitable project in East London, when resources were limited and dwindling.

Similarly, Jalpesh connects smaller, micro occupations, such as going on social trips and making tea for each other, to a sense of connection, belonging, acceptance and a sense of shared understanding, which he then credits within his talk as ultimately enabling performance within the macro level co-occupation of playing football as a team. This links an aspect of Jalpesh's talk with Keith's earlier mentions of the shared occupational opportunities participation in the PMA brings. Within participants' talk these micro-occupations are constructed as occurring quite organically, as they spend time together in places such as the clubhouse, which has hot drink making facilities and a pool table. These findings depict the "*occupational spin-offs*" that can arise from participating in a mental health football project such as the PMA, and also confirm similar findings from previous research studies, which have discussed similar occupational spin-offs, such as getting a cup of coffee with a team-mate after a match, getting together to play other sports, going out in the evening together, and learning to drive (Dyer & Mills 2011; Mason & Holt 2012; Moloney & Rohde 2017; Lamont et al. 2017; Brawn et al. 2015; Carless & Douglas 2008b.; Mynard et al. 2009). Such findings also align with literature relating to the

development of social capital as a result of participation in sport (Numerato 2008), in particular that inclusive sports projects have greater potential for development of bridging and bonding social capital (Okayasu et al. 2010b).

9.5 The Puzzle of Participation diagram

Drawing together this study’s findings and the other related literature contained in this thesis, is the below Puzzle of Participation diagram. This diagram is a visual representation of how community projects might best organise participation in sport and physical activity in order to maximise engagement and the benefits derived. Also depicted in the diagram’s design as an arrow, it the process of participation that has been found to occur.

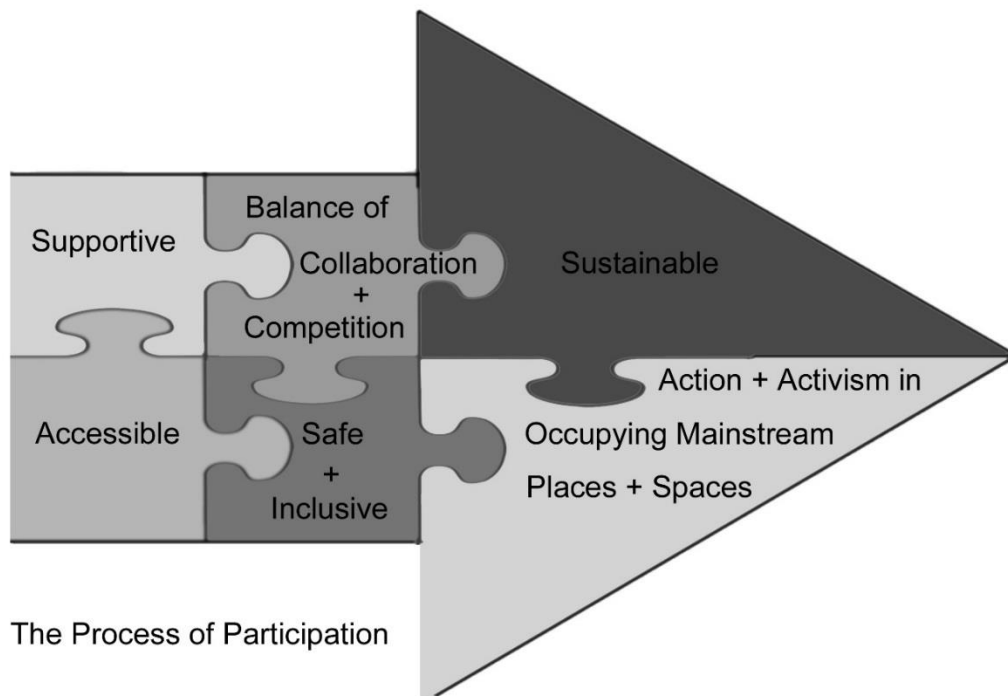


Fig. 9.1 The Puzzle of Participation diagram

Community projects need to begin by being accessible, in terms of factors such as age, income status and ability. They also need to provide support, as support is critical to enabling and sustaining participation in sport and physical activity (Get Set to Go Research Consortium 2017; Hodgson et al. 2011). A careful and ongoing balance needs to be struck between competition and collaboration, with some competitive element being necessary to ensure that participation is perceived as authentic and meaningful by those that take part. However, collaboration is also important to foster feelings of belonging, safety and inclusion. Such feelings and experiences have the potential to enable “*occupational spin-offs*” – other activities that the people who participate engage in as a result of the confidence and/or social relationships they have derived from taking part in the sport and physical activity. Such occupational spin-offs are also linked with the action and activism of utilising mainstream places and spaces, such as the Hackney Marshes community pitches. This may enable participation at other times and with other people. The sustainability of community projects is integral to ensuring that there is sufficient opportunity for collaboration and feelings of belonging and safety to arise, and therefore for the process of participation to occur.

The utility of the Puzzle of Participation diagram will be detailed in the following conclusion chapter. After the limitations of this study are detailed below.

9.6 Limitations

This section of the thesis outlines where the research study met with limitation, which might affect its dependability or the transferability of its outcomes.

The first limitation is that I have no personal experience of playing competitive football or of experiencing significant mental distress. Therefore, I could offer no

insider perspective to the research in relation to either of these experiences. However, these potential limitations were at times valuable levellers within the context of the Research Steering Group, as members took time to share their experiences and expertise against mine in other areas. Furthermore, I feel at times this enabled me to think more critically about participation in football and the potential for it to have facets that did not at times enhance health and well-being.

Another limitation relates to the preparation of the literature review contained in Chapter two, which was originally drafted in January 2014 for my transfer event. It therefore represents a different political structure (it was at that time a coalition government) and an evolving health and social care context. Additionally, shifts within the sport sector in terms of being focused on inclusion rather than performance, were not as prominent as they now are. Considerable efforts have, however, been made to undertake additional searching and update the literature review, to ensure it is reflective of the current knowledge-base relevant to this research study. In particular the systematic identification of the key 22 studies contained in table 2.1.

Similarly, to previous research involving football projects for people with experience of mental distress, this study involved only one female participant who was a player in the PMA. Further research into female participation in football or other sports that might be more appealing to women is necessary to investigate their relevance, nature and value more fully.

Personal limitations have included two periods of maternity leave, which occurred while I was undertaking this research study. Although these periods provided me with new insights and learning and acted as two periods of reflection for everyone involved, they did also in some respects disrupt the momentum of the research.

However, in hindsight this study's extended trajectory did have considerable value in enabling a more longitudinal examination of players' participation that was inclusive of their experiences after the PMA London project had closed. I do feel that the closure of the PMA did have a bearing on the final stages of data collection and the final data analysis stages of strands two and three. I would have liked these to have been more participatory and to have had more tangible actions that resulted. However, such a situation highlights the complexity of conducting research with community-based projects and the value and flexibility of PAR.

A final limitation relates to what there was scope to include within one doctoral thesis, when a considerable amount of data was generated across the three strands. I have therefore had to make decisions during the write-up process about what to include, which enabled me to best address the agreed research question. I feel there are further opportunities for analysis and dissemination relating to the PMA staff data, with the potential of it providing a distinct perspective in relation to participation. I also feel there may be value in drawing further distinction between the second and third strand data, to more fully analyse the impact of the closure of the PMA. It is intended that data and learning not included in this thesis will be disseminated by other means, in the form of accessible summaries, infographics, peer-reviewed journal articles and conference presentations.

9.7 Summary

This chapter has discussed four sets of findings from this research study: The complex nature and value of participation; the dark-side of participation; the importance of place and space; and the transformational potential of participation. Reference was made throughout to the study's research questions and the existing knowledge-base relating to participation in football by people with experience of

mental distress. The findings of this research study, whilst overall confirming findings from previous research, also provide new knowledge about *how* community sports projects such as the PMA need to structure participation in sport and physical activity for people with experience of mental distress to maximise the benefits derived. Crucially, this needs to include an understanding of the potential dark-side of sports occupations, in order to manage tensions around inclusion and competition. These issues and series of recommendations for relevant stakeholders will be detailed in the following conclusion chapter.

Chapter 10: Conclusion

10.0 Introduction

This chapter summarises this study's findings and details their implications, with reference to where they have confirmed existing research findings and where new knowledge has been revealed. It concludes with a series of recommendations for relevant stakeholders, which intend to maximise the benefits that might be derived from participation in sport by people with experience of mental distress.

Stakeholders include: people with experience of mental distress themselves; their families and friends; policy makers, researchers; service providers and practitioners; and those providing professional education.

10.1 Overview of the research and what the findings revealed

This study has privileged the seldom heard voices of people with mental distress and provided valuable new knowledge about the nature and value of their participation in a community football project, the PMA Sports Academy. The study utilised a PAR methodology, which sought to be culturally in tune with participants' lives and values. Specific learning has been acquired from conducting research with people with experience of mental distress, which has highlighted the value of utilising creative and accessible research methods in enabling people with experience of mental distress to be involved in the research.

At present the *participation as healthy* discourse is hegemonic across health and sport policy and strategy in relation to inactivity and participation in sport and physical activity (Department for Culture Media and Sport 2015; Sport England

2016b). However, as the findings from this study have demonstrated, such policies and strategies are not representative of the diverse and seldom heard voices of those with experience of mental distress. Indeed, it can only be assumed that the intention is that they are included in the homogenous group of disabled people, which is at points referred to. However, this is not a label or grouping that people with experience of mental distress have been found to identify with (Beresford & Nettle 2010; Beresford et al. 2016). Furthermore, such a grouping fails to account for the intersecting nature of health, disability, gender, and sexuality, and what the impact of such would be on participation in sport and physical activity is currently unknown. This means that current strategies to address the national “*inactivity problem*” are not based on a sufficient knowledge-base, which has meaningfully involved such marginalised people and explored their experiences and views in relation to their participation in sport and physical activity.

There is a tendency for sport and physical activity to be constructed as a universal panacea and therefore strategy and policy does not sufficiently account for those people experiencing relapsing and remitting health conditions, conditions and/or medications that result in fatigue, conditions that demand inactivity to enable recovery, and experiences of mental distress that result in over-exercising.

Consequently, such strategies are overly focused on “*reactivating*” people in terms of their motivation, and establishing a “*resilient habit*”. They therefore fail to explore the relevance of place, space and communities, and the structural inequities that distort and restrict participation. Such a situation can be understood as an occupational injustice in terms of restricted opportunity for participation in sport and physical activity.

Perpetuating the issues outlined above within existing policy and strategy, is a paucity of research that specifically examines participation in football by people with

experience of mental distress outside of the context of specific football projects designed for and targeted at this marginalised group. Therefore, we currently have a very poor understanding of how some people with experience of mental distress may themselves incorporate playing football (and other sports and forms of physical activity) into their everyday lives and the barriers and opportunities they may encounter from doing so.

10.2 Contribution to knowledge and practice

This study has provided valuable new knowledge relating to the multi-factorial nature of participating in football, in relation to the concept of the dark-side of occupation. This has revealed that there is at times potential for participation in the team sport of football to contribute to and exacerbate mental distress, particularly in the early stages of participation. This may arise from experiences such as increased social contact, being substituted, losing a match, and conflict with opponents or teammates. This provides an appreciation of the need to carefully manage tensions around inclusion and competition. Furthermore, such experiences were also connected with the fragile financial sustainability of the PMA, which was at times spoken of as undermining the authenticity of participation.

Therefore, this study also provides valuable new knowledge about *how* community sports projects such as the PMA might structure participation in sport and physical activity for people with experience of mental distress, to maximise engagement and the benefits derived. Such knowledge has created a new, critical perspective on the notion of presenting participation in sport and physical activity as a universal panacea for people who experience mental distress. Additionally, it is suggested that the definition and practices of inclusive sport be broadened to include a concern for the structural inequities and societal issues that distort and obstruct participation in

sport and physical activity. A visual depiction of how community projects might best organise participation in sport and physical activity, in order to maximise engagement and the benefits derived, is presented in the preceding chapter in terms of the Puzzle of Participation diagram (Figure 9.1). The utility of the diagram is detailed later below in terms of relevant stakeholders.

Historically, enabling participation in sport for people with experience of mental distress has not been a particular focus within occupational therapy practice. Indeed, within the occupational therapy literature, work and volunteering have to date received the most attention in studies of occupational engagement and mental health recovery. However, there have been calls for a broader range of occupational opportunities, such as participation in sport, to be further researched (Doroud et al. 2015; Usaite & Cameron 2016). It is interesting to reflect on why sport may have been somewhat overlooked within occupational therapy practice. I believe this may, at least in part, of been due to the historic division of occupations into the categories of self-care, productivity and leisure. Such categorisation has tended to render sport to the somewhat peripheral category of leisure. Indeed, within the conventional time pressured practice contexts of acute hospitals and community teams, occupational therapy practice has predominantly focused on enabling participation in activities such as washing, dressing and cooking (self-care) and education and employment (productivity). Furthermore, this study's findings have demonstrated that the dominance of the medical model has shaped provision and practices in relation to sports opportunities for people with experience of mental distress, in terms of opportunities tending to be constructed as adjunct to conventional mental health treatment (Darongkamas et al. 2011; Friedrich & Mason 2017a; Friedrich & Mason 2017b; McGale et al. 2011). Such categorisation and restricted practice has limited the profession in many ways, and it is vital that occupational therapist do now turn their energies and attention to enabling participation in a range of occupations that

fully meet the needs and capabilities of the people experiencing mental distress in promotion of an occupationally just society.

This study has demonstrated that the *participation as healthy* discourse, which currently dominates strategy and policy relating to the plethora of health benefits that can arise from such participation, is insufficient for understanding and addressing the experiences of marginalised groups, such as people who experience mental distress. Indeed, it has found that such participation cannot be meaningfully understood or addressed from this perspective. Recommendations for further research that would draw from other perspectives will now be detailed below.

10.3 Recommendations for further research

Further research is now needed to better understand the participation of marginalised groups, such as those with experience of mental distress, in sport and physical activity. Such research should explore participation in its broadest sense, and not just focus on participation for therapeutic means and ends, in order to fully understand the challenges and barriers that people with experience of mental distress might encounter. Furthermore, researching participation in its broadest sense should enable diversity of opportunity, rather than privileging the exploration of projects focused around disability, a specific health condition and/or those being delivered as an adjunct to conventional forms of treatment.

Research involving community sports projects has to date often excluded people who have left or not participated for a minimum number of sessions (Friedrich & Mason 2017a; Moloney & Rohde 2017), an approach that obscures the perspectives of those who have difficulty with sustained and regular participation. Future research

should address this limitation but seeking to involve those who have struggled to participate or withdrawn from the project altogether.

Future research should adopt a participatory approach to ensure that that the experiences and voices of marginalised and seldom heard groups are sufficiently represented in any related policies, strategies, practice, and service provision. Furthermore the adoption of a participatory approach would ensure that the areas and topics of such research remain relevant to the lives and concerns of those living with experience of mental distress (Hart et al. 2016).

There is an urgent need for research that is longitudinal in design, in order to explore the longer-term benefits and challenges associated with living with experience of mental distress, participating in team sports such as football, and other forms of sport and physical activity. This would enable an examination of people's participation beyond and after their participation in projects such as the PMA, which would in turn enable a fuller understanding of how such participation forms part of their everyday lives. In summary, developing such an understanding would enable social change that better meets the occupational needs of marginalised groups, and ensure that they benefit from the many benefits and outcomes participation in sport and physical activity can give rise to.

Specific recommendations for relevant stakeholders relating to policy, research, practice and education, will now be detailed below.

10.3 Recommendations

Four key messages have emerged from this study as important and relevant to all parties involved in participation in sport and physical activity by people with experience of mental distress. These are:

- Participation in sport and physical activity by people with experience of mental distress is a complex, dynamic and subjective phenomena for those that take part, with a range of synergistic benefits being derived;
- Such experience can be transformational, resulting in significant shifts in their physical health, emotional well-being, identity, and life course;
- An appreciation of the complexity of participation is essential in order to manage tensions around inclusion and competition, due to the multi-factorial nature of the occupation of football.
- The role of structural inequities and societal issues should be considered when seeking to promote occupational justice and enable fair opportunities and resources for participation in sport and physical activity.

10.3.1 People with experience of mental distress, their friends and family members

The findings of this study have highlighted the value of participation in supportive and inclusive community-based sports projects for people with experience of mental distress. Such projects foster feelings of acceptance, belonging, and the establishment of social relationships, in addition to the array of physical health benefits that are derived from regular participation in sport and physical activity. The central recommendation is therefore to try and find ways of being involved in such projects, either alone or alongside friends and/or family members. Support has been

identified as critical to people initiating and sustaining regular involvement in such projects (Get Set to Go Research Consortium 2017; Hodgson et al. 2011) so participating alongside friends and family members may be helpful.

10.3.1 Policymakers and researchers

To meaningfully construct new knowledge about the participation of marginalised groups, such as those with experience of mental distress, in sport and physical activity we require more research that privileges and enables the seldom heard voices of those that belong to such marginalised groups. This will require research methodologies and methods that are creative, inclusive and accessible, and also culturally in tune with participants lives and values (Koch & Kralik 2006; Redwood et al. 2012), to ensure that such people are able to contribute to constructing such knowledge. This would ensure that the voices, priorities, and experiences of such marginalised groups can then subsequently be utilised to inform health policy and strategy that truly reflects their diverse experiences.

10.3.2 Service providers and practitioners

When aligned with service users' motivations and wishes, occupational therapists should utilise sports occupations within their practice, in addition to supporting and signposting service users to relevant community-based sports organisations and projects. It is important that occupational therapists utilise sports occupations in their own practice, in order for them to fully understand the issues and constraints associated with people's participation, and for them to then be able to work collaboratively with them to grade, modify, and ultimately overcome such barriers to participation through occupational therapy interventions. Literature relating to the therapeutic use and potential of various sports is available and should be used to

inform such practice (for example, Hagell 2016; Ovenden et al. 2016; Pettican & Barrett 2017). In addition, occupational therapists are well placed to address some of the structural inequities and societal issues that people with experience of mental distress might encounter when seeking to participate in sport and physical activity. For example, by working to ensure leisure centres are accessible and inclusive environments for all (Chief Allied Health Professions Officer's Team 2017). Indeed, occupational therapists who are in leadership and service design roles may find it useful to refer to the Puzzle of Participation diagram to inform their practice and planning.

10.3.3 Education providers

The findings from this study indicate that there is enormous potential for collaborative teaching involving people from marginalised groups and both pre-registration health and sport degree students. Such collective learning will span the boundaries involving these groups (such as between professionals and marginalised groups, and between the sport and health sectors) and enable reciprocal learning regarding the barriers and challenges that marginalised groups might encounter when seeking to participate in sport and physical activity. Furthermore, such educational opportunities will enable learning in relation to the strategies, activities and interventions that might be utilised to enable participation. This learning and sharing of expertise would also assist in addressing workforce issues in the health and sport sector (Health Education England 2017; Sport England 2018) and establish a symbiotic relationship.

Pre-registration occupational therapy education should involve teaching and education relating to the therapeutic potential of sport. Such teaching should include an exploration of the existing evidence base (as detailed above) and also emerging

research relating specifically to an occupational perspective of participation in sport and physical activity (Alexandratos et al. 2012; Moloney & Rohde 2017; Mynard et al. 2009; York & Wiseman 2012). It must also include experiential opportunities to take part in sport and physical activity to consider its potential for therapeutic assessment and intervention. Within such teaching it is important that a distinction between inclusive sport and disability sport is made, so that future therapeutic sport interventions and signposting by occupational therapist is suitably diverse, and that there is therefore the opportunity for people to express and experience their preferences. Such education should be linked to workforce strategy (Lamont et al. 2017; Sport England 2018) and exploit any potential for occupational therapy students to learn alongside, for example, sports coaching students, so that a more inclusive sport and health workforce is developed collaboratively. This would also align with calls for the occupational therapy profession to debate its scope of practice and consider extending it to sports contexts (Mynard et al. 2009).

10.4 Summary

This study's findings have provided compelling evidence that participation in the PMA and the team sport of football is a complex, dynamic, and subjective phenomenon for those that take part, with a range of synergistic benefits being derived. For some their experience was transformational, resulting in significant shifts in their physical health, emotional well-being, identity, and life course. Within the discourses of those that participated in this research study, the exclusive nature and value of the PMA in terms of bringing together people with experience of mental distress dominated, and appeared to also foster discourses relating to belonging, understanding and acceptance. However, it should be noted that the stigma and barriers associated within living with experience of mental distress are what appeared to contribute to people valuing such exclusion. Therefore, if our society

was to be more accepting and tolerant of those with experience of mental distress, those who have experiences of it may not value opportunities and spaces relating to shared experience to quite the same degree. Football, and more broadly sport, has the potential to be utilised as a tool for social change, in challenging established power relations in the lives of people who experience mental distress (Darongkamas et al. 2011; Dyer & Mills 2011).

In the UK we sit at a unique juncture in the sport and health sectors, as both push for increased participation in sport and physical activity, particularly amongst marginalised groups. It is important that we harness the potential of such a juncture, in order to truly meet the occupational needs and capabilities of people with experience of mental distress and promote an occupationally just society.

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“Getting together to play football”

A participatory action research study with the
Positive Mental Attitude Sports Academy

Anna Rachel Pettican

A thesis submitted for the degree of Doctor of Philosophy

Appendices

School of Health and Social Care

University of Essex

December 2018

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Appendix A


Permission to name the PMA

RE: pma - Internet Explorer

https://outlook.office365.com/owa/?viewmodel=ReadMessageItem&ItemID=AAMkAGIwNWJYzNkLTg1ZWQtdNDM2ZS04MTUxLWUzZTZhNTZiNjBjMQBGAAAAAALyAR8u6waSrKSzCBNBRodBwBxVSeKik0Q%2FavquqOyCSADBRZMYAADK5ewRfSKF

Reply all | Delete | Junk | ...

RE: pma

 Pettican, Anna
Thu 20/08/2015, 08:33
'Janette Hynes' <janette@pmasports.org.uk>

Thanks Janette, this is perfect. Thank you for your kind words, I really appreciate them.
Anna

From: Janette Hynes [mailto:janette@pmasports.org.uk]
Sent: 19 August 2015 07:30
To: Pettican, Anna
Subject: pma

Dear Anna,
I'm writing to officially inform you that, following a PMA board of Directors meeting on the 10/7/2015 we agree to give you permission for the PMA name to be used within any of your research publications. We all want to thank you for your support, hard work and dedication you have shown to us over the last few years. Also, your amazing patience and kind understanding and flexibility for all the changes PMA has gone through over the last few years. We all really appreciate what you have done in documenting and been a big part in the fabric of PMA, we wish all the success and hope this is not the end to us all working together. Do keep in touch and look forward to reading all your work!!!!
Thank you so much
janette xx

Janette Hynes MBE - BA Hons, PDip
PMA Founder, Director
Consultant Occupational Therapist
cc/Wakefield sports & social club
Eastmoor Road
Wakefield
West Yorkshire
WF1 3RR
janette@pmasports.org.uk
Mobile: 07508400633

Appendix B

Literature search strategy

This thesis contains literature that has been identified and appraised on an on-going basis since the study commenced in 2010. Furthermore, this thesis incorporates a specific literature search and subsequent review of 22 key papers, which is presented in Chapter two and summarised in table 2.1. The literature search strategy that was utilised to identify these 22 key papers is detailed below.

1. The specific purpose of the literature search for key papers was to identify and critically appraise studies pertaining to the nature and value of participation in a community-based football project for people with experience of mental distress. Therefore, inclusion and exclusion criteria were applied.

2. Inclusion

- Published papers concerned with active participation in football by people (adults aged 18-65) with experience of mental distress for therapeutic means and/or ends
- Papers published in English

Exclusion

- Research that has examined the potential of using football as a metaphor conventional counselling/therapy, or as a topic within a reminiscence quiz
- Research centrally concerned with homelessness or dementia
- Papers that had been published over 10 years ago

3. Summary of search terms and databases:

Search terms	Football OR Soccer	AND Mental health OR mental illness OR mental disorder OR mental distress OR psychiatr*	
Databases	EBSCOHost	Medline with full text PsycINFO SCOPUS Web of science	Cochrane Library PubMed SPORTDiscus with full text

4. After screening abstracts, an initial search in 2010 identified seven key studies pertaining to the focus of this study. Literature searching was then undertaken periodically throughout the study, with a final literature search being undertaken in September 2018. Hand searching of reference lists of relevant articles and key authors publishing in the field was also undertaken, to identify any studies that may not have been captured in the electronic searching. This final search identified an additional 14 studies and one review paper. Therefore, this review includes 22 key papers that specifically relate to the focus of this study, which are detailed in Chapter two.

Appendix C

Ground rules for the Research

Steering Group

- For members to listen at all times during the meetings and for only one person to speak at any one time
- For there to be no deliberate disruption of the meetings and their purpose
- For phones to be on silent or off during meetings
- For meetings to start with a clear purpose
- For members to come to meetings prepared to discuss and contribute to the research project
- For members to make a commitment to attend and arrive on time
- For members to stay 'on point' and only discuss the research project
- For all members to respect each other and their ideas, opinions and values
- For meetings to be recorded
- For members to notify David Smith if they are unable to attend

Appendix D

Funding information

2010	The University of Essex	£500.00
	The Elizabeth Casson Trust	£650.00
2011	The University of Essex	£500.00
	The Constance Owens Trust	£1000.00
2012	The University of Essex	£500.00
2012	The Elizabeth Casson Trust	£500.00
2015	Institute of Social Psychiatry (via a College of Occupational Therapists' Annual Award)	£400.00
	The Elizabeth Casson Trust	£365.00
2013-2017	The University of Essex	Full fee payment

Appendix E

Study awareness raising flyer

Are you a member of the Positive Mental Attitude (PMA) Sports Academy and would you be willing to take part in a research study?

Are you a player or coach within the PMA Sports Academy?

Would you be willing to take part in a research study that is seeking to develop the work and profile of the PMA Sports Academy?

If the answer to the above questions is yes, I would like to talk to you to tell you more about the research study. My name is Anna Pettican and I am carrying out the research study with the PMA Sports Academy in fulfilment of my PhD at Brunel University. I am currently seeking ethics approval from Brunel University for the study and hope to begin data collection in May 2013.

Taking part in the research study would involve:

- You; me and several other members of the PMA Sports Academy meeting to take part in activities that help us think and talk about the experience of participating in the PMA.
- Such activities and discussions would take place at the Hackney Marshes Centre.
- In order to find out more about what would be involved and to ask any questions you may have, please contact me using the details below:

Anna Pettican

Email: Anna.Pettican@brunel.ac.uk

Tel: 01206 875 235



PMA SPORTS ACADEMY
Changing lives through sport

Brunel
UNIVERSITY
LONDON

Appendix F

Participant recruitment flyer

Are you a member of the Positive Mental Attitude (PMA) Sports Academy and would you be willing to take part in a research study?

Are you a player or coach within the PMA Sports Academy?

Would you be willing to take part in a research study that is seeking to develop the work and profile of the PMA Sports Academy?

If the answer to the above questions is yes, I would like to talk to you to tell you more about the research study. My name is Anna Pettican and I am carrying out the research study with the PMA Sports Academy in fulfilment of my PhD at Brunel University. The study has been approved by the School of Health Sciences and Social Care Research Ethics Committee at Brunel University. Taking part in the research study would involve:

- You, me and several other members of the PMA Sports Academy meeting to take part in activities that help us think and talk about the experience of participating in the PMA.
- Such activities and discussions will take place at the Hackney Marshes Centre café on Wednesday 14th and Thursday 15th August 2013, although you do not have to take part on both days.
- In order to find out more about what would be involved and to ask any questions you may have, please contact me:

Anna Pettican

Email: Anna.Pettican@brunel.ac.uk

Tel: 01206 875 235



PMA SPORTS ACADEMY
Changing lives through sport

Brunel
UNIVERSITY
LONDON

Appendix G

Participant information sheet – strand one

RESEARCH PARTICIPANT INFORMATION SHEET

Title of study: **A participatory exploration of the Positive Mental Attitude Sports Academy**

Name of Researcher: **Anna Pettican**



We would like to invite you to take part in the above research study. Before you decide whether or not you wish to take part we would like you to understand why the research study is being done and what it would involve for you to take part. The researcher, Anna Pettican, will go through this information sheet with you and answer any questions you may have. We'd suggest this should take about 15 minutes. Please talk to others about the study if you wish.

What is the purpose of the study?

This research study is being carried out in partnership with the PMA Sports Academy. This means that a research steering group has been established within the PMA Sports Academy, consisting of the researcher and several PMA members. The research steering group is responsible for planning all aspects of the research study. Such collaborative research is known as participatory action research and involves an on-going cycle of planning, action and evaluation.

In summary the research study is concerned with exploring what participation in the PMA Sports Academy provides for members and their families. In particular we are interested to find out how members benefit from taking part in the PMA and how the PMA might encourage more people to contribute and take part.

Why have I been invited?

You have been invited to take part in this research study because you are a member of the PMA Sports Academy. You might be a player or coach for one of the PMA football teams. Everyone who is a member of the PMA Sports Academy will be invited to take part in this research study.

Do I have to take part?

It is up to you to decide whether or not to take part in the study. We will describe the study and go through this information sheet with you. Please ask if there is anything you are not sure about. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect your participation in the PMA Sports Academy in any way or any other services you receive.

What will happen to me if I take part?

Taking part in the research study would involve you, the researcher and several other members of the PMA Sports Academy meeting to take part in activities that help you all think and talk about the experience of participating in the PMA Sports Academy. Such activities and discussions would take place at the [insert location]. We are not offering payment in return for taking part in this research study, but light refreshments will be provided.

What will I have to do?

In order to take part in the study you will need to make a commitment to attend on time the planned research sessions at the [location to be inserted]. These group sessions would involve you, the researcher and several (probably 8-10) other members of the PMA Sports Academy meeting to take part in activities that help you all think and talk about the experience of participating in the PMA Sports Academy. Each activity and any subsequent discussion would normally take no more than 90 minutes (an hour and a half) and occur approximately once every 2-4 weeks. You will be notified each time one of these group sessions occurs and it will be up to you to decide how many of them you wish to attend and take part in.

These sessions will be recorded in some way, either through note taking and/or audio-recording. The researcher may also take notes, so that there is a record of the information that is shared. Such recordings and any other forms of data collected as part of the research study will be stored securely for five years following completion of the study, in order for the study to comply with research practice requirements.

What are possible disadvantages and risks of taking part in the research study?

There are no obvious disadvantages or risks associated with taking part in the research study. However, if any aspects of your participation in the PMA Sports Academy have been upsetting or distressing in any way it is possible that discussing this experience may cause you some discomfort. If this occurs the researcher will offer you support. Where possible the timing of the research sessions will be planned with the agreement of those taking part in order to minimise potential inconvenience. For example, they may be scheduled to occur shortly after a training session that is already scheduled to take place at the Hackney Marshes Centre, thereby minimising travelling time and cost.

What are the possible benefits of taking part in the research study?

We cannot promise that this research study will help you, but the information we get from this study will help to develop the future work and profile of the PMA Sports Academy. In addition we hope the research study will provide new information about the value of participating in sport for people in similar circumstances to you.

What happens if there is a problem?

If you have a concern about any aspect of the study, you should speak to the researcher who will do their best to answer your questions (Email: arpett@essex.ac.uk or Tel: 01206 875 235). If you remain unhappy you may wish to speak to the researcher's main supervisor, Dr Wendy Bryant (Email: wbryant@essex.ac.uk or Tel: 01206 872 282). If you wish to complain formally, you can do this by contacting either Janette Hynes, the Chief Executive of the PMA (Email: janette@pmasports.org.uk or Tel: 07508 409 622) or [details of Chair of REC to be inserted]

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. However, if you do disclose information that is suggestive of a significant risk to yourself and/or others we may have to bring this to the attention of a third party.

What happens if I decide I do not wish to carry on taking part in the study?

You are free to withdraw from the research study at any time, without giving a reason. This would not affect your participation in the PMA Sports Academy in any way. However, any information you provide up until the time you choose to withdraw would probably still be used as part of the research study.

What will happen to the findings of the research study?

All of the people who contribute to this research study in some way will be offered a summary of the study's findings and conclusion when the study is complete. Full details of the study's procedures and findings will also be available on request. In addition the study's findings will be presented within the local community, at professional conferences and submitted for publication within peer-reviewed scientific journals.

Who is overseeing and funding the research?

The research study is being carried out in partnership with the PMA Sports Academy, which is a registered charity run by Janette Hynes MBE. The research study is overseen by me, Anna Pettican, in fulfilment of my PhD at the University of Essex. My PhD studies are supervised by Dr Wendy Bryant, Dr Ewen Speed, Professor Peter Beresford and Dr Cherry Kilbride.

The University of Essex and the PMA Sports Academy have provided resources for the research study. In addition funding has been obtained from the Elizabeth Casson and Constance Owen Trusts, two charities that have an interest in funding this type of research study.

Who has reviewed the study?

The study has been planned by a research steering group at the PMA Sports Academy, which was established with this purpose. The study has been reviewed by the researcher's supervisors and the School of Health and Human Sciences Research Ethics Committee at the University of Essex. The committee approved the study on the [insert date].

Further information and contact details:

For further information about the above research study please contact Anna Pettican (Email: arpett@essex.ac.uk or Tel: 01206 875 235).

Notes:

Appendix H

Consent form – strand one



RESEARCH PARTICIPANT CONSENT FORM

Title of study: **A participatory exploration of the Positive Mental Attitude Sports Academy**

Name of Researcher: **Anna Pettican**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated 06.06.2013 (version seven) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to the interview / analysis group / participation activity being audio-recorded and understand that such data will be retained for five years following completion of the study.

4. I agree to the use of anonymised quotes in subsequent publications and presentations.

5. I understand that the study is to be submitted by the researcher in fulfillment of a PhD at Brunel University.

6. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person

Date

Signature

taking consent.

Appendix I

Strand one World Café table questions

MENU

What does taking part in the PMA Sports Academy require you to do (for example, particular activities, tasks, roles)?



MENU

What do you need to take part in the PMA Sports Academy (for example, certain resources, equipment, clothing)?



MENU

What do you hope to gain from taking part in the PMA Sports Academy?



MENU

Why do you take part in the PMA Sports Academy?



MENU

How do you think the PMA Sports Academy could be improved?



Appendix J

Strand one World Café expectations

Wednesday 14th and Thursday 15th August (London), and Friday 11th October 2013
(Wakefield)

At the Research Café there is a range of views and experiences. We ask you all to recognise this by:

- supporting each other so that everyone can work comfortably and constructively
- respecting and valuing that people may think differently about the five table questions being discussed
- only one person to speak at a time at each table (please do not interrupt a person speaking)
- using straightforward simple English, avoiding jargon and abbreviations
- if you do not understand what someone is saying – ask them to explain or repeat it
- turning your mobile phone to silent

Appendix K

Ethics approval strand one (Brunel University)

**School of Health Sciences and Social Care
Research Ethics Committee**

School of Health Sciences and
Social Care
Brunel University,
Uxbridge
Middlesex UB8 3PH
Telephone: +44 (0)1895 274000
Web www.brunel.ac.uk

24 June 2013

Proposer: Anna Pettican – PhD Student

Title: A Participatory Exploration of the Positive Mental Attitude (PMA) Sports
Academy – First Stage

Reference: 13/05/PHD/03

LETTER OF APPROVAL

The School Research Ethics Committee has considered the amendments recently submitted by you in response to the Committee's earlier review of the above application.

The Chair, acting under delegated authority, is satisfied that the amendments accord with the decision of the Committee and has agreed that there is no objection on ethical grounds to the proposed study.

Approval is given on the understanding that the conditions of approval set out below are followed:

- *The Committee is providing approval for the first stage of your research, as outlined in your application of May/June 2013, as it is now clear that further data collection will proceed following the outcomes of the initial data collection identified in the current application.*
- *The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee.*

Please note that:

- **Research Participant Information Sheets and (where relevant) flyers, posters, and consent forms should include a clear statement that research ethics approval has been obtained from the School of Health Sciences and Social Care Research Ethics Committee.**
- **The Research Participant Information Sheets should include a clear statement that queries should be directed, in the first instance, to the Supervisor (where relevant), or the researcher. Complaints, on the other hand, should be directed, in the first instance, to the Chair of the School Research Ethics Committee**
- **Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.**
- **The School Research Ethics Committee reserves the right to sample and review documentation, including raw data, relevant to the study.**



Dr Mary Pat Sullivan
Chair, School Research Ethics Committee
School of Health Sciences and Social Care

Appendix L

Ethics approval strand one

(University of Essex)



University of Essex

School of Health and
Human Sciences
T 01206 872854
F 01206 873765
E hhs@essex.ac.uk

Colchester Campus
Wivenhoe Park
Colchester CO4 3SQ
United Kingdom
T 01206 873333
F 01206 873598

www.essex.ac.uk

20 September 2013

Anna Pettican
School of Health and Human Sciences
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ

Dear Anna,

Re: Ethical Approval Application (Ref 12047)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by Dr Wayne Wilson on behalf of the Faculty Ethics Committee.

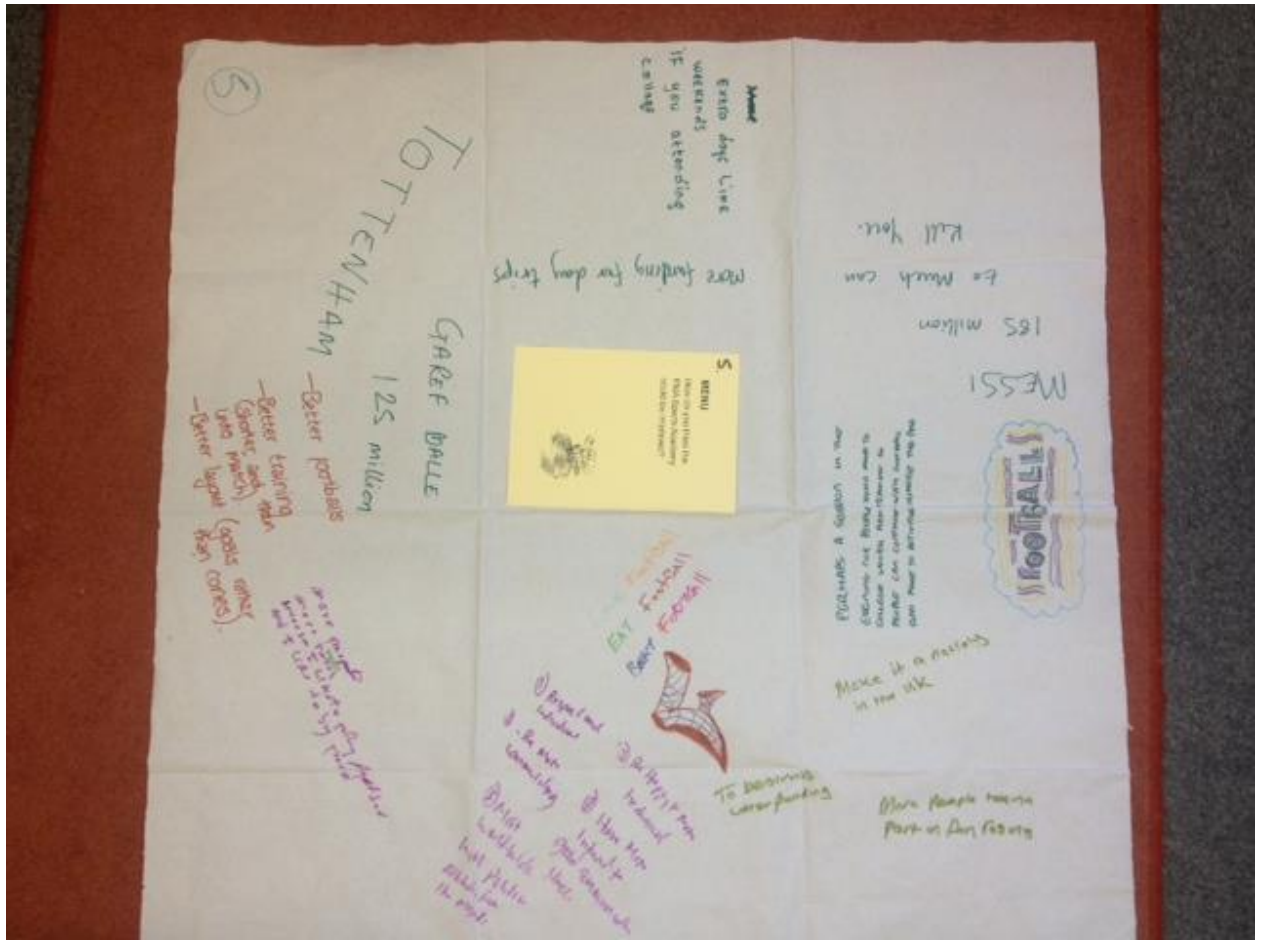
Yours sincerely,

Mel Wiltshire
Ethics Administrator
School of Health and Human Sciences

cc. Sarah Manning-Press, REO

Appendix M

Strand one analysis



Appendix N

Ethics approvals strands two and three (University of Essex)



University of Essex

School of Health and
Human Sciences
T 01206 872854
F 01206 873765
E hhs@essex.ac.uk

Colchester Campus
Wivenhoe Park
Colchester CO4 3SQ
United Kingdom
T 01206 873333
F 01206 873598

www.essex.ac.uk

05 June 2014

MS A.R. PETTICAN
2 MANOR ROAD
OLD MOULSHAM
CHELMSFORD
CM2 0ER

Dear Anna,

Re: Ethical Approval Application (Ref 13010)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by Dr Wayne Wilson on behalf of the Faculty Ethics Committee.

Yours sincerely,

Mel Wiltshire
Ethics Administrator
School of Health and Human Sciences

cc. Sarah Manning-Press, REO
Ewen Speed, Wendy Bryant, supervisors



5th December 2014

MS A.R. PETTICAN
2 MANOR ROAD
OLD MOULSHAM
CHELMSFORD
CM2 0ER

Dear Anna,

Re: Ethical Approval Application (Ref 13010a)

Further to your amended application for ethical approval, please find enclosed a copy of your application which has now been approved by Dr Wayne Wilson on behalf of the Faculty Ethics Committee.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lisa McKee'.

Lisa McKee
Ethics Administrator
School of Health and Human Sciences

cc. Sarah Manning-Press, REO
Ewen Speed, Wendy Bryant, supervisors



University of Essex

Revised application

Dec '14

(13010 a)

Application for Ethical Approval of Research Involving Human Participants

This application form should be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and fetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research should not commence until written approval has been received (from Departmental Research Director, Faculty Ethics Committee (FEC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project.

Applications should be made on this form, and submitted electronically, to your Departmental Research Director. A signed copy of the form should also be submitted. Applications will be assessed by the Research Director in the first instance, and may then passed to the FEC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1. Title of project:
A participatory exploration of the Positive Mental Attitude (PMA) Sports Academy

2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
Do you object to the title of your project being published? Yes / No

3. This Project is: Staff Research Project Student Project

4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Anna Pettican	School of Health and Human Sciences
Dr Ewen Speed	School of Health and Human Sciences
Dr Wendy Bryant	School of Health and Human Sciences

NB: The study also has two external supervisors from Brunel University, who will be continuing their involvement via honorary contracts with the University of Essex. These are Professor Peter Beresford and Dr Cherry Kilbride.

5. Proposed start date: 19th May 2014 (amendment: March 2015)
6. Probable duration: Three years


7. Will this project be externally funded? Yes / No
If Yes,

9. If external approval for this research has been given, then only this cover sheet needs to be submitted
External ethics approval obtained (attach evidence of approval) Yes / No X

NB: This research ethics application relates to an amendment for the study that received ethics approval on 5th June 2014.

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

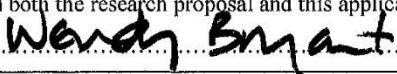
Signature(s): 

Name(s) in block capitals: ANNA RACHEL PETTICAN

Date: Tuesday 2nd December 2014

Supervisor's recommendation (Student Projects only):

I have read and approved both the research proposal and this application.

Supervisor's signature:  2/12/14

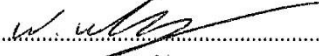
Outcome:

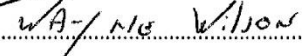
The Departmental Director of Research (DoR) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

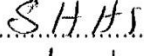
This application falls under Annex B and is approved on behalf of the FEC

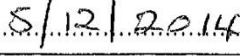
This application is referred to the FEC because it does not fall under Annex B

This application is referred to the FEC because it requires independent scrutiny

Signature(s): 

Name(s) in block capitals: 

Department: 

Date: 

The application has been approved by the FEC

The application has not been approved by the FEC

The application is referred to the University Ethics Committee

Signature(s):

Name(s) in block capitals:

Appendix O

Participant recruitment strand two

Are you a member of the Positive Mental Attitude (PMA) Sports Academy and would you be willing to take part in a research study?

Are you a player or coach within the PMA Sports Academy?

Would you be willing to take part in a research study that is seeking to develop the work and profile of the PMA Sports Academy?

If the answer to the above questions is yes, I would like to talk to you to tell you more about the research study. My name is Anna Pettican and I am carrying out the research study with the PMA Sports Academy in fulfilment of my PhD at the University of Essex. The study has been approved by the School of Health and Human Sciences Research Ethics Committee at the University of Essex. Taking part in the research study would involve:

- You and me meeting to think and talk about the experience of participating in the PMA whilst walking around the places and spaces associated with you taking part. You will decide the route.
- In order to find out more about what would be involved and to ask any questions you may have, please contact me:

Anna Pettican

Email: arpett@essex.ac.uk

Tel: 01206 875 235



Appendix P

Participant information sheet and consent form – strand two

RESEARCH PARTICIPANT INFORMATION SHEET

Title of study: **A participatory exploration of the Positive Mental Attitude Sports Academy**

Name of Researcher: **Anna Pettican**



We would like to invite you to take part in the above research study. Before you decide whether or not you wish to take part we would like you to understand why the research study is being done and what it would involve for you to take part. The researcher, Anna Pettican, will go through this information sheet with you and answer any questions you may have. We'd suggest this should take about 15 minutes. Please talk to others about the study if you wish.

What is the purpose of the study?

This research study is being carried out in partnership with the PMA Sports Academy. This means that a research steering group has been established within the PMA Sports Academy, consisting of the researcher and several PMA members. The research steering group is responsible for planning all aspects of the research study. Such collaborative research is known as participatory action research and involves an on-going cycle of planning, action and evaluation.

In summary the research study is concerned with exploring what participation in the PMA Sports Academy provides for members and their families. In particular we are interested to find out how members benefit from taking part in the PMA and how the PMA might encourage more people to contribute and take part.

Why have I been invited?

You have been invited to take part in this research study because you are (or perhaps were) involved in the PMA Sports Academy in some way. You might be a player or coach for one of the PMA football teams, or one of your family members may be. Alternatively you may support, fund or contribute to the work of the PMA in some other way. Everyone who is a member of the PMA Sports Academy will be invited to take part in this research study.

Do I have to take part?

It is up to you to decide whether or not to take part in the study. We will describe the study and go through this information sheet with you. Please ask if there is anything you are not sure about. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not

affect your participation in the PMA Sports Academy in any way or any other services you receive.

What will happen to me if I take part?

Taking part in the research study would involve you taking part in a recorded discussion, when you will be asked questions about your involvement with the PMA. Such discussions will take place during a walking interview, which will potentially cover the Marsh Hill, Mabley Green and Hackney Marshes Area that PMA players frequent. You will be able to decide the walked route within this area. At the end of the interview the walked route will be recorded on a map. We are not offering payment in return for taking part in this research study, but light refreshments will be provided.

What will I have to do?

In order to take part in the study you will need to make a commitment to meet at an agreed time and location. The walking interview will normally take no more than 90 minutes (an hour and a half).

These sessions will be recorded, through audio-recording and also possibly photographs of PMA places and spaces that you identify as important during the interview discussion. The researcher may also take notes, so that there is a record of the information that is shared. Such recordings and any other forms of data collected as part of the research study will be stored securely for five years following completion of the study, in order for the study to comply with research practice requirements.

What are possible disadvantages and risks of taking part in the research study?

There are no obvious disadvantages or risks associated with taking part in the research study. However, if any aspects of your participation in the PMA Sports Academy have been upsetting or distressing in any way it is possible that discussing this experience may cause you some discomfort. If this occurs the researcher will offer you support. Where possible the timing of the research sessions will be planned with the agreement of those taking part in order to minimise potential inconvenience. For example, they may be scheduled to occur shortly after a training session that is already scheduled to take place at the Hackney Marshes Centre, thereby minimising travelling time and cost.

What are the possible benefits of taking part in the research study?

We cannot promise that this research study will help you, but the information we get from this study will help to develop the future work and profile of the PMA Sports Academy. In addition we hope the research study will provide new information about the value of participating in sport for people in similar circumstances.

What happens if there is a problem?

If you have a concern about any aspect of the study, you should speak to the researcher who will do their best to answer your questions (Email: arpett@essex.ac.uk or Tel: 01206 875 235). If you remain unhappy you may wish to speak to the researcher's supervisor, Dr Wendy Bryant (Email: wbryant@essex.ac.uk or Tel: 01206 872 282). If you wish to complain formally, you can do this by contacting either Janette Hynes, the Chief Executive of the PMA (Email: janette@pmasports.org.uk or Tel: 07508 409 622) or Dr Wayne Wilson, the Chair of the Research Ethics Committee that approved this study (Email: wrwilson@essex.ac.uk or Tel: 01206 872 452).

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. However, if you do disclose information that is suggestive of a significant risk to yourself and/or others we may have to bring this to the attention of a third party.

What happens if I decide I do not wish to carry on taking part in the study?

You are free to withdraw from the research study at any time, without giving a reason. This would not affect your participation in the PMA Sports Academy in any way. However, any information you provide up until the time you choose to withdraw would probably still be used as part of the research study.

What will happen to the findings of the research study?

All of the people who contribute to this research study in some way will be offered a summary of the study's findings and conclusion when the study is complete. Full details of the study's procedures and findings will also be available on request. In addition the study's findings will be presented within the local community, at professional conferences and submitted for publication within peer-reviewed scientific journals.

Who is overseeing and funding the research?

The research study is being carried out in partnership with the PMA Sports Academy, which is a registered charity run by Janette Hynes MBE. The research study is overseen by me, Anna Pettican, in fulfilment of my PhD at the University of Essex. My PhD studies are supervised by Dr Wendy Bryant, Dr Ewen Speed, Professor Peter Beresford and Dr Cherry Kilbride.

The University of Essex and the PMA Sports Academy have provided resources for the research study. In addition funding has been obtained from the Elizabeth Casson and Constance Owen Trusts, two charities that have an interest in funding this type of research study.

Who has reviewed the study?

The study has been planned by a research steering group at the PMA Sports Academy, which was established with this purpose. The study has been reviewed by the researcher's supervisors and the School of Health and Human Sciences Research Ethics Committee at the University of Essex. The committee approved the study on the 5th June 2014.

Further information and contact details:

For further information about the above research study please contact Anna Pettican (Email: arpett@essex.ac.uk or Tel: 01206 875 235).

Notes:





RESEARCH PARTICIPANT CONSENT FORM

Title of study: **A participatory exploration of the Positive Mental Attitude Sports Academy**

Name of Researcher: **Anna Pettican**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated 24.05.2014 (version nine) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to the walking interview being audio-recorded and understand that such data will be retained for five years following completion of the study.

4. I agree to the use of anonymised quotes in subsequent publications and presentations.

5. I understand that the study is to be submitted by the researcher in fulfillment of a PhD at the University of Essex.

6. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person

Date

Signature

taking consent.

Appendix Q

Participant information sheet and consent form - strand three

RESEARCH PARTICIPANT INFORMATION SHEET

Title of study: **“Getting together to play football”**: A participatory action research project

Name of Researcher: **Anna Pettican**



We would like to invite you to take part in the above research study. Before you decide whether or not you wish to take part we would like you to understand why the research study is being done and what it would involve for you to take part. The researcher, Anna Pettican, will go through this information sheet with you and answer any questions you may have. We'd suggest this should take about 15 minutes. Please talk to others about the study if you wish.

What is the purpose of the study?

This research study was originally being carried out in partnership with the PMA Sports Academy. This led to a research steering group being established, consisting of the researcher and several players. The research steering group has been responsible for planning all aspects of the research study. Such collaborative research is known as participatory action research and involves an on-going cycle of planning, action and evaluation.

In summary this aspect of the research study is concerned with exploring your experience of the recent transition from playing football as part of the PMA to becoming an informal group of people who meet weekly to play football as a team.

Why have I been invited?

You have been invited to take part in this research study because you were involved in the PMA Sports Academy in some way. You may also have some involvement with the new football team. You may have taken part in the earlier parts of this research project.

Do I have to take part?

It is up to you to decide whether or not to take part in the study. We will describe the study and go through this information sheet with you. Please ask if there is anything you are not sure about. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect any other services you receive.

What will happen to me if I take part?

Taking part in the research study would involve you taking part in a recorded discussion, when you will be asked questions about the recent transition. Such discussions will take place during a walking interview, which will potentially cover the Marsh Hill, Mabley Green and Hackney Marshes Area that players frequent. You will be able to decide the walked route within this area. At the end of the interview the walked route will be recorded on a map. We are offering a £10.00 token in return for taking part in this research study.

What will I have to do?

In order to take part in the study you will need to make a commitment to meet at an agreed time and location. The walking interview will normally take no more than 90 minutes (an hour and a half).

These sessions will be recorded, through audio-recording and also possibly photographs of the places and spaces that you identify as important during the interview discussion. The researcher may also take notes, so that there is a record of the information that is shared. Such recordings and any other forms of data collected as part of the research study will be stored securely for five years following completion of the study, in order for the study to comply with research practice requirements.

What are possible disadvantages and risks of taking part in the research study?

There are no obvious disadvantages or risks associated with taking part in the research study. However, if any aspects of your participation have been upsetting or distressing in any way it is possible that discussing this experience may cause you some discomfort. If this occurs the researcher will offer you support. Where possible the

timing of the research sessions will be planned with the agreement of those taking part in order to minimise potential inconvenience. For example, they may be scheduled to occur shortly after a training session that is already scheduled to take place at the Hackney Marshes Centre, thereby minimising travelling time and cost.

What are the possible benefits of taking part in the research study?

We cannot promise that this research study will help you, but we hope the research study will provide new information about the value of participating in sport for people in similar circumstances.

What happens if there is a problem?

If you have a concern about any aspect of the study, you should speak to the researcher who will do their best to answer your questions (Email: arpett@essex.ac.uk or Tel: 01206 875 235). If you remain unhappy you may wish to speak to the researcher's supervisor, Dr Wendy Bryant (Email: wbryant@essex.ac.uk or Tel: 01206 872 282). If you wish to complain formally, you can do this by contacting Dr Wayne Wilson, the Chair of the Research Ethics Committee that approved this study (Email: wrwilson@essex.ac.uk or Tel: 01206 872 452).

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. However, if you do disclose information that is suggestive of a significant risk to yourself and/or others we may have to bring this to the attention of a third party. For this reason you will be asked to provide details of a third party on your consent form.

What happens if I decide I do not wish to carry on taking part in the study?

You are free to withdraw from the research study at any time, without giving a reason.

However, any information you provide up until the time you choose to withdraw would probably still be used as part of the research study.

What will happen to the findings of the research study?

All of the people who contribute to this research study in some way will be offered a summary of the study's findings and conclusion when the study is complete. Full details of the study's procedures and findings will also be available on request. In addition the study's findings will be presented within the local community, at professional conferences and submitted for publication within peer-reviewed scientific journals.

Who is overseeing and funding the research?

The research study is overseen by me, Anna Pettican, in fulfilment of my PhD at the University of Essex. My PhD studies are supervised by Dr Wendy Bryant, Dr Ewen Speed, Professor Peter Beresford and Dr Cherry Kilbride.

This part of the project is being funded by the Institute of Social Psychiatry, a charity that has an interest in funding this type of research.

Who has reviewed the study?

The study has been planned by a research steering group, which was established with this purpose. The study has been reviewed by the researcher's supervisors and the School of Health and Human Sciences Research Ethics Committee at the University of Essex. The committee approved the study in December 2014.

Further information and contact details:

For further information about the above research study please contact Anna Pettican

(Email: arpett@essex.ac.uk or Tel: 01206 875 235).

Notes:



RESEARCH PARTICIPANT CONSENT FORM

Title of study: **“Getting together to play football”**: A participatory action research project

Name of Researcher: **Anna Pettican**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated 01.12.2014 (version ten) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to the walking interview being audio-recorded and understand that such data will be retained for five years following completion of the study.

4. I agree to the use of anonymised quotes in subsequent publications and presentations.

5. I understand that the study is to be submitted by the researcher in fulfillment of a PhD at the University of Essex.

6. I agree to take part in the above study.

Third party contact details:

Name	Contact details

Name of Participant	Date	Signature

Name of Person	Date	Signature

taking consent.

Appendix R

Walking interview schedule – strands two and three

Strand two walking interview schedule:

The below questions and prompts were printed onto small cards for easy and discrete reference during the walking interviews.

Introduction:

Thank you for agreeing to take part in this walking interview. I would like to find out more about your association with the PMA and the spaces and places that are involved in you taking part.

I have brought a camera with me so that you can photograph some of the places if you wish to, and also a map so that we can record our walking route at the end of the interview. It is up to you where we go, but we need to keep to the Marsh Hill, Mabley Green and Hackney Marshes areas that the PMA uses. We can take whatever route you think appropriate, but only go on foot.

The interview should take us about an 60-90 minutes (an hour to an hour-and-a-half). Please let me know if you wish to take a break or stop the interview at any stage. Please also ask if you would like me to further explain any of the questions.

1. Could we start with you telling me how you first became involved with the PMA, and where and when this was?

Prompt regarding Seal Street, Hackney Marshes and Marsh Hill, year?

2. What is your involvement with the PMA at the moment?

Prompt regarding which team, position played and any additional roles, when and where they train

If involvement has been long-term: What is it about the PMA that has kept you involved for that amount of time?

3. There have been changes to the PMAs funding recently, and this had led to differences in staffing and a move from the Hackney Marshes Centre to the Marsh Hill Clubhouse.

How have you found these changes?

4. In the first strand of this research study, players described the PMA as having many different outcomes and benefits for them, in what ways have you found the PMA to be useful to you?

Prompt regarding in what way(s), how and why, impact of funding / place change within this)

5. How do you feel your health and well-being is influenced by you taking part in the PMA?

Prompt regarding getting better and its significance in keeping well, meeting people and again role of places and spaces within this

6. How important do you consider playing the football and being part of a team to be in this?

Prompt regarding team sport, competitiveness versus therapeutic value, and associational commitment

7. For you, what other things has the football and taking part in the PMA led on to?

8. How does your involvement with the PMA compare to your experience of other mental health services?

Prompt for positives and negatives, why does it differ? – specifics – use prompts

9. How do you feel the PMA might be developed in the future?

Prompt to expand, regarding to promote/protect value, what people get from taking part, service-user led community team etc

10. Is there anything else you want to say that you feel is important for this research study?

The interview was then concluded by looking through any photos that the participant had taken and discussing their significance and also highlighting on the map the walked route taken.

Participant thanked for time

General prompts

- Could you tell me more about that?
- Could you say any more about that?
- That was interesting, can we go back to that and you say a bit more?
- I'm not sure I understand what you're saying, can you tell me a bit more?
- Can you help me understand what you're saying?
- Why? How?

Strand three walking interview schedule:

The below questions and prompts were printed onto small cards for easy and discrete reference during the walking interviews. However, when participants had not also participated in strand two some of the question phrasing was amended to ensure relevance and suitability

Introduction:

Thank you for agreeing to take part in this walking interview. I would like to find out more about your association with the new football team and the spaces and places that are involved in you taking part.

I have brought a camera with me so that you can photograph some of the places if you wish to, and also a map so that we can record our walking route at the end of the interview. It is up to you where we go, but we need to keep to the Marsh Hill, Mabley Green and Hackney Marshes areas that you use. We can take whatever route you think appropriate, but only go on foot.

The interview should take us about an 60-90 minutes (an hour to an hour-and-a-half). Please let me know if you wish to take a break or stop the interview at any stage. Please also ask if you would like me to further explain any of the questions.

1. Could we start with you telling me about the recent change from being part of a PMA team to being a group of people getting together to play football once a week?

Prompt: When, why, how was it, how did it feel?

2. What is your involvement with the new football team at the moment?

Prompt regarding position played and any additional roles

3. How have you found these changes?

4. In the first and second parts of this research study, players described the PMA as having many different outcomes and benefits for them, in what ways do you find the new football team to be useful to you?

Prompt regarding in what way(s), how and why, impact of funding / place change within this)

5. How do you feel your health and well-being is influenced by you being part of the new football team?

Prompt regarding getting better and its significance in keeping well, meeting people and again role of places and spaces within this

6. How important do you consider playing the football and being part of a team to be in this?

Prompt regarding team sport, competitiveness versus therapeutic value, and associational commitment

7. For you, what other things has the football and taking part in the PMA led on to?

8. How does your involvement with the new team compare to your experience of mental health services?

Prompt for positives and negatives, why does it differ? – specifics – use prompts

9. What do you think the future of the new football team might be?

Prompt to expand, regarding to promote/protect value, what people get from taking part, service-user led community team etc

10. Is there anything else you want to say that you feel is important for this research study?

The interview was then concluded by looking through any photos that the participant had taken and discussing their significance and also highlighting on the map the walked route taken.

Participant thanked for time

General prompts

- Could you tell me more about that?
- Could you say any more about that?
- That was interesting, can we go back to that and you say a bit more?
- I'm not sure I understand what you're saying, can you tell me a bit more?
- Can you help me understand what you're saying?
- Why? How?

Appendix S

***Walking interview potential walked
route/area map***



Appendix T

Sub-questions and glossary of Foucauldian tools and terms

Glossary of Foucauldian analytic tools and terms

Archaeology – During his first, archaeological, phase Foucault was interested in studying the rules that determine which statements are accepted as true and meaningful in a particular historical period of time.

For example, the privileging of certain types of research evidence through the ‘hierarchy of evidence’ and within the particular historical epoch of evidence-based medicine/practice.

Bio-power – Is concerned with the control of entire populations, whereas the concept of discipline (see below) is about the control of individual bodies. Foucault saw bio-power as the dominant system of social control in modern western society. However, the concept of bio-power (and also bio-politics, Foucault often used the two terms synonymously) are not clearly defined in Foucault’s work.

Conditions of possibility – This was introduced as a term within Foucault’s ‘The Order of Things’ text (1966), it refers to the ‘epistemological field’ that forms the conditions of possibility for knowledge in a given place and time – the orderly ‘unconscious’ structures.

For example, that the introduction of recovery as concept and agenda in UK mental health policy has allowed for knowledge and discourses relating to recovery to be produced, although those relating to a medical interpretation of recovery (i.e. the absence of symptoms and illness) have tended to be privileged and have consequently have dominated within policy, in contrast to the original service-user led conceptualisation of recovery. This has occurred within the wider policy context of state reductions in mental health services and welfare reform.

Discourse – A discourse is a group of statements that belong to the same discursive formation. Indeed: *“Discourse, Foucault argues, constructs the topic. It defines and produces the objects*

of our knowledge. It governs the way that a topic can be meaningfully talked about and reasoned about. It also influences how ideas are put into practice and used to regulate the conduct of others” (Hall 2001, p72).

For example, a discourse about ‘mental disorders’ would produce objects such as the International Classification of Diseases (ICD-10) and a binary sense of people being ‘mentally disordered’ or well. This would produce a sense of othering (of those with experience mental distress) and lead to ideas about how such people need to be treated or managed in society.

Discipline – refers to how the behaviour of individuals in the social body is regulated, perhaps through the organisation of space (architecture), time (timetables) and people’s activity (drills, posture, movement). However, Foucault emphasised that power is not itself a discipline, rather that discipline is one way that power can be exercised. Foucault also introduced the term ‘disciplinary society’, discussing its history, origins and disciplinary institutions within society, for example prisons, hospitals, schools and army barracks.

An example in relation to the PMA research would be the discipline that is exercised through players status as a mental health patient (the discipline of attending depot injection appointments disrupting participation in a training session) alongside the discipline of sport – the rules governing the football game, the need to participate in training in order to be selected for a match, the rules associated with accessing and using the astro-turf and grass pitches.

Discursive formation – can be considered roughly equivalent to a scientific discipline or paradigm, or in other words, it refers to the particular discourse governed by this principle, in which different examples share the same patterns of concerns, perspectives, concepts, or themes.

For example, the discursive formation identified in the PMA research is participation in a community-based football team, arising from the discourses of participation as occupational (1), participation as social (2), and participation as healthy (3).

Exercise – Foucault originally traced this concept back to the monasteries and the activities of monks, in terms of pleasing god and achieving salvation by regulating the body and imposing religious activities upon it. However, he argued that this changed in the classical period, when it became an attempt to impose increasingly complex activities on the body in order to control it (for example, physical activity/exercise at school).

Genealogy – This represents Foucault's later phase of work, although the two overlap as Foucault uses perspectives from his archaeological phase in this later work. In his genealogical work Foucault developed a theory of knowledge/power. However, he did not seek to show how the past had inevitably led to the present, but instead Foucault was concerned to show the irregularities and discontinuities in history, to reveal inconsistencies and disrupt the tendency towards 'grand narratives'. However, Foucault's remarks about the differences between archaeology and genealogy are somewhat unclear, making it difficult to fully distinguish the two phases of his work.

Governmentality – Foucault often defined governmentality as the 'art of government' in its widest sense, in other words not limiting it to state politics alone. He therefore widens the understanding of power to include the social control exerted through institutions such as schools, hospitals, and psychiatric institutions etc. He believed that state-like powers are exercised during every social encounter, which he referred to as the 'capillaries of power' and these might include the psychiatric ward, the school, or the prison. Although these are not conventional sites of state power, Foucault believed they were crucial domains for producing docile subjects, which came to be a largely self-regulating population.

Power – Within his ‘Discipline and Punish’ text (1977) Foucault rejected the notion that power comes from the top. He instead asserted that in the modern age power operates through decentralised networks of institutions, where professionals have the right to classify individuals through categories. This element of Foucault’s work should be seen as part of a wider 1970s critique of institutionality – a critique of schools, hospitals and ultimately the apparatus of civilised society, rather than the more traditional notion of the state. In summary, Foucault considered power as being spread across different social practices, not belonging to individuals, groups or the state. He also considered power to be productive as well as a constraining force. In this sense Foucault’s work is a critique of Marxist models of power, which asserted that there was a finite amount of power and that power can only be held by one person or group at a time.

Knowledge/Power – Foucault stated that it is “...*in discourse that power and knowledge are joined together*” (Foucault 1978, p100). His belief that knowledge and power were closely intertwined is reflected in his decision to frequently refer to them as ‘knowledge/power’.

Problematization – This concept related to Foucault’s resistance to producing ‘grand narratives’, instead wishing to take a critical stance to taken for granted knowledge (myth) of a situation. Foucault believed that posing that knowledge as a problem (through problematisation) allows for new perspectives, discussion, debate and action to emerge. Problematization is distinguished from other forms of critique because it focuses on context and details, rather than just pros and cons of an argument.

Subject – Foucault’s concept of the subject is self-aware and capable of choosing how to act. He believed subjects are created in discourses and argued: “...*discourse is not the majestically unfolding manifestation of a thinking, knowing, speaking subject*” (Foucault 1972, p55). In this sense the formation of subjects is an element of power’s productivity, although Foucault believed that subjects are active in producing themselves as subjects.

Subject positioning – Foucault argued that discourses make available certain discursive positions, which in turn have implications for how we might be perceived by others and how we might perceive ourselves. Such subject positions carry certain rights and responsibilities and these shape what can be said and done, in a way that might both enable and exclude.

Truth – is a central component of Foucault's work. He believes truth is something that is produced and constructed, not something that is 'out there' for us to discover. In the genealogical phase of his work Foucault makes links between truth and power, asserting that 'truth' is both embedded in and produced by systems of power. He believed that it was pointless to try to determine whether something was true or false, but instead believed we should seek to understand *how* effects of truth are created in discourses. Foucault believed that what should be analysed are the discursive processes through which discourses are constructed in ways that give the impression they are either true or false representations of reality.

Sub-questions to aid Foucauldian discourse analysis:

What objects/events/experiences are being referred to (within participants' talk in about their participation in the PMA)?

How are the same objects/events/experiences talked about differently? (Perhaps contrasting between player and staff participants and/or the second and third strands)

How and why do statements change over time? (consider relevance of changes that occurred between the second and third strands or from varying subject positions)?

What conditions of possibility are constructed within participants' talk?

What are the contradictions? How do they constitute different objects?

What kinds of identities are created?

What kind of subject positions have been taken up or attributed and how do these enable or inhibit?

What subject positions are assumed and how does this impact which discourses can be utilised and which cannot?

How does this problematise 'participation in the PMA'?

How is participants' 'participation in the PMA' being made governable?

What institutions are reinforced/attached when this discourse is used?

How is 'truth' being constructed?

Who gains and loses from the employment of this discourse?

What are the links between knowledge and power here?

How does the discourse connect with others?

What sort of power relations are made possible?

How are people being led to regulate their own conduct?

What possibilities for action are there?

(Developed from MacLehose 2014).

Appendix U

Coded transcript

- 1 **Participant 001 interview transcript**
- 2 This is where we start [at the Marsh Hill Clubhouse] because this is where we are all supposed to meet
- 3 **Anna: Okay before we start I wanted to say thank you for agreeing to take part in the walking interview**
- 4 No problem
- 5 **Anna: and that I would like to find out more about your association with the PMA and the spaces and places um that are involved in you taking part and as I said I have brought a camera so we can photograph some of those places if you wish to and also a map so that we can record our walking route at the end of the interview**
- 6 Right
- 7 **Anna: Um it is up to you where we go but we just need to keep roughly to the sort of Marsh Hill Mabley Green and and Hackney Marshes area that the PMA uses um but we can take whichever route you think appropriate but only go on foot**
- 8 Yes
- 9 **Anna: It should only take 60-90 minutes so about an hour hour and a half if you want to take a break or stop the interview at any stage just let me know**
- 10 Okay
- 11 **Anna: And if you have any questions or anything just let me know so I wondered if you could start just by telling me how you first became involved with the PMA and where when this was?**

- 12 Yes uh I got involved in the PMA I believe 'cos you know I am not good with um dates... around 2010...11
- 13 **Anna: Okay**
- 14 Yeah, I think I've done about that long...um I um never heard of PMA until one day when I was going to the gym with...um... [staff name] one of the P...PEI gave me a lift and he asked me if I liked my football and I said to him yeah I told him I played football whenever I can and I prefer football to most sports you know I am mad about football and he said would I like to come down... had I got leave to come...' cos I'm going in the community I have got leave to um... come down to Hackney Marshes and train with the PMA 'cos he was involved with that Um... I said yes he referred me to my...um... OT he referred me to OT knew my OT I told him to get in touch with the OT because that was the way things were done if it wasn't her it might be my uh primary nurse
- 15 **Anna: Okay**
- 16 So...to ask permission and that so that is how we began and uh um... [pause] I came down with [staff name] and two other guys...which... can I mention their names or leave it anonymous?
- 17 **Anna: You can do I will take the names out anyway**
- 18 I don't know if you remember [name] and [name] they're the original
- 19 **Anna: Okay**
- 20 They were telling me [staff name] if you have got any questions or any worries ask them too 'cos they were going to PMA.. and uh basically it was the Hackney training that we used to because we didn't have a team of our own... and um there wasn't the Haringey that we have now

..Something to do

..Being a mental health service

..Being a mental health service

..Belonging

<p>..Being a mental health service</p>	<p>21</p>	<p>Anna: Okay</p>
<p>..Being a mental health service</p>	<p>22</p>	<p>all the other team were originally established but it was something to do like going to the gym in the community playing football in the community the hospital had a gym and a little playground where you could kick the ball around but it wasn't structured because some PEIs would let you use it and some won't let you use it because it has got to be supervised and such things so I think that sort of took a lot of the weight off [staff name] shoulder we had someone else qualified to train you you know</p>
<p>..Being a mental health service</p>	<p>23</p>	<p>Anna: Okay, so you were in hospital at this time?</p>
<p>..Being a mental health service</p>	<p>24</p>	<p>I was in hospital at this time yes but I was close to being released like I said I was in the community gym but I use to get a lift from [staff name] if they're going the same time as me you know sometimes I would go in the morning sometimes I wouldn't feel like waking up that early so I would go in the afternoon by myself I had um unescorted leave</p>
<p>..Being a mental health service</p>	<p>25</p>	<p>Anna: Okay</p>
<p>..Being a mental health service</p>	<p>26</p>	<p>To go by this time but to come to PMA I didn't have none unescorted leave I had to go by escorted leave which was [staff name] otherwise I could have gone by myself but before by the time [staff name] had left I had unescorted leave</p>
<p>..Being a mental health service</p>	<p>27</p>	<p>Anna: Right so then you could come...</p>
<p>..Being a mental health service</p>	<p>28</p>	<p>I could come yeah gym was one thing but to come all the way down here they weren't quite sure so that was escorted with [staff name]..yeah... but that didn't last long I got my unescorted but I still came with [staff name] because [name] and that were with me no use just going down willy nilly...that sort of thing...we use to wait for each other or pick each other up and come down that is how it started for me but I believe it was 2010-11 I</p>

..Being a mental health service

started

29 **Anna: Right...come down together**

30 Yeh...

31 **Anna: Okay so we are outside Marsh Hill do you want to say anything in particular about the Club House here at all?**

32 Uh... [pause] it's alright it's alright uh... when everyone is here it is a bit tight you know find it hard to find seats and that or... um... hear yourself think with everyone talking all over you but because when we was at Mabley Green... uh Hackney Marshes itself we had a big long open space and uh big changing rooms and what have you you know people here [at Marsh Hill] have to change in the toilets and you have to knock and see if someone is okay to come in and um what have you people change in the wash wash room

..Place and space

..Restrictions / barriers

33 **Anna: Okay**

34 The wash room yeah

35 **Anna: The washroom that is [gestures next door to separate laundry room, which contains several washing machines] I didn't know that**

36 Yeah that sort of thing is going on...uh... what can I say you play pool people almost knocking your head off while you doing that before we get ready to go down... uh...um for training...um but it is better than nothing if you know what I mean it is better than nothing we could be in a worsser situation because like when we was up um Wood Green when we started Haringey we didn't have a changing room at all

..Restrictions / barriers

..Doing, being and

..Place and space

37 **Anna: Right okay**

38 We use to just change under the trees... hope for the best.. you put your

..Place and space

..Doing, being and becoming

..Place and space
..Doing, being and
..Restrictions / barriers

things on the floor in training it might start raining so you would have to rush and try and get it covered you know we didn't have no covers... uh but the Hackney one was run like professionally you know there was changing rooms at Mabley Green...and so forth but because you asked me for now this is the situation we are in now but at the beginning it wasn't like that it wasn't like that...

39 **Anna: Yes okay**

40 [pause]

41 **Anna: You had a lot more space when you were at Hackney Marshes**

42 Much more space we weren't the only ones using it other people and organisations were using it organisations

43 **Anna: and that was okay that other...**

..Belonging
..Restrictions / barriers
..Place and space

44 That was okay yeah you can get a coffee as well in the mornings if you have to I know you have a café across the road but there was a café around the corner that we use to frequent sit outside the café have a drink... you know until everyone was there If anyone was missing you would phone them to find out why they hadn't reached or if they were on their way and do all that uh yeah...we do try to do that here as well you know people phone and say look it is nearly half past have you left yet ... shall I meet you at the Green or shall I still meet you at the clubhouse

45 **Anna: Okay**

46 Yeah so that is how have been going yeah [pause]

47 **Anna: Okay... and so you are still playing for Haringey now?**

..Doing, being and becoming
..Restrictions / barriers

48 Um [pause] this season I don't know if there is going to be a Haringey there seem to be more of Haringey than there is of any other team but Janette

has decided that whoever wants to build a team can build a team

49 **Anna: Okay**

50 Yes so we could all be we can take players from um let's say Newham instead of Haringey because they haven't got a team or a player from Hackney instead of Haringey because they haven't got a team

51 **Anna: Oh so that is quite different**

..Doing, being and becoming
..Restrictions / barriers

52 Yes that has changed she is allowing that but maybe come the new season she might change her mind and say no let's get back to people playing for their teams because I know few people already who feel they don't want to pay for their old team they want to play for Haringey because there is more players at Haringey at the moment but we will see anyway we have not decided nothing has been decided or written down or agreed to at the moment everything is in the air

53 **Anna: Okay it is still being decided**

54 Yes it's in the air yeah we have to decide what days we want to play the matches I prefer uh [pause] Thursday because...uh...my participation on a Wednesday has gone now I go to the...uh.. hospital run...run organised football in uh [pause] Wood Gate

55 **Anna: Okay**

56 Wood Gate

..Restrictions / barriers
..Doing, being and becoming

57 **Anna: Oh so you don't come here on a Wednesday now then?**

58 No I don't come here on a Wednesday any more I don't know how long that is going to be if there is a break in the one in Wood Gate... I would come here I will be more than welcome to come here you know

59 **Anna: How has the change to Wood Gate come about?**

60 Uh the change to Wood Gate I am not really privy to what went on... but apparently... one of the staff brought one of the... funders from the hospital to come and watch a match

61 **Anna: A PMA match?**

62 Yeah to watch a PMA training match or what have you and she found that uh... there was no changing rooms especially 'cos it was raining she wanted somewhere to shelter we weren't privy to a changing room so um I think... we thought Janette had hired a pitch and changing room all together... anyway we never changed there because we have come here and changed here most people change here and then come down if there wasn't a changing room and uh the toilets weren't open and people were going round the block or in the bushes or whatever they can find to relieve themselves so she went back and reported that to the people the hospital to whoever funds the patients and they said...uh..that is as far as I know with that...I think that Janette has confirmed something similar to that but the person she says that did it tells me says something else that it wasn't him that did it it was someone else you know he was just told to bring his person down to have a look anyway that is my understanding they decided they wanted to renegotiate their funding that I don't know much about as well but I know there was a renegotiation...um [pause] I think somebody says something like... Janette says there wasn't nothing to renegotiate because we was playing the same thing so why does the hospital need to renegotiate you know...to give them their fees or standards or whatever it is but they felt that they could get better value for money so they needed to renegotiate...

63 **Anna: Okay**

..Restrictions / barriers
..Doing, being and becoming

..Restrictions / barriers
..Doing, being and becoming

64 As far as I know...because they couldn't renegotiate the person who brings down the escorted [name] you know... the hospital decided they should look for their own...[pause] facilities or join somewhere else if someone is doing a similar thing but they couldn't find anything so they decided to book something closer to the hospital [pause] so that is where they go training now

65 **Anna: So Wood Gate is that football... is that at the hospital?**

66 No it's about a 10 minute drive from the hospital I have been there but I have to catch the train because I am in the public community

67 **Anna: Yes**

68 They get a bus they're driven down there or they can get a bus if they are in the community.

69 **Anna: And who runs that then is it hospital staff?**

70 The hospital staff yeah they run that but my doctor works in the hospital and he found out about it and he asked me about it and I said yeah it is true what they said that we were urinating against the walls and we haven't got a changing room because Janette can't afford to pay for the Hackney Marshes offices and that... and he said he would prefer me to go to the hospital one

71 **Anna: Right**

..Being a mental health
..Doing, being and
..Restrictions / barriers

72 So... the way things were going like I said Janette nearly closed this down I felt I couldn't really argue with him as I wanted to play football and if I didn't really go there and that happened they might say ah well when we offered it to you you didn't want to come so you can't come

73 **Anna: Okay**

74 But I told Janette Janette wasn't happy but we have all sort of left it at that as that is why I don't come to PMA here on a Wednesday but I still come on a Thursday...

75 **Anna: Right so you are doing a bit of both**

76 Yeah a bit of both which pleases most people you know I don't know if it pleases Janette but I think my doctor is quite pleased with that

77 **Anna: Does it please you?**

78 Bah...they're my friends... they started me off as long as I can get a kick around of football sweat a bit and what have you I am quite happy you know what I mean I have been happy at PMA but PMA tells you when you come they want you to move on and do other things it is not all about you have to be at the PMA for life to be good they try to help you that when you're ready... you know you go along so..

79 **Anna: Okay alright shall we walk and talk?**

80 Yes we can indeed

81 **Anna: So you're taking on quite a different role now because you are not just a player within the PMA now are you?**

82 No I am a volunteer now as well I use to take training and things like that me and [name] when Janette is not around... the um [pause] making sure we have got the right equipment you know...[pause] what else do we do... make sure Janette knows who turned up and who didn't turn um...um... shall we walk are we going to walk round here [Family Mosaic site] first uh

83 **Anna: If you want to?**

84 Okay this is the conference room and the kitchens and...wash room with

..Being a mental health
..Doing, being and
..Restrictions / barriers

..Fitness

..Place and space
Participation as occupational

machines and that this is the boiler room where we keep our kit and that

85 **Anna: Oh right**

86 Yeah uh shirts shorts boots first aid box anything...football... we share it with someone else but this is the main one

87 **Anna: Oh right**

88 Yeah we have got some more things but they're doing some rebuilding...so... do you want to take a picture of um...?

89 **Anna: Yes could do you can take it if you want**

90 No you take it so you know what I am talking about yeah do you want to take a picture uh... or have you got one of round the [the clubhouse - gestures] already

..Place and space
Participation as occupational

91 **Anna: No I haven't actually [pause – takes photo]**

92 Yeah give you a better idea and take a picture of the laundry room where we get changed and that

93 **Anna: Yeah [takes photos – long pause] and one inside**

94 Yea... okay you want to take a picture of [gestures to clubhouse – pause while photos are taken] this is our main offices okay

95 **Anna: Your HQ I remember you talking about that...**

96 So you've got a rough idea when you are putting together what we have done... this is where we collect our keys and everything [pause] hi this is where we collect our keys [to the clubhouse] this is where the keys are kept [enters reception area at Family Mosaic]

97 **Anna: Okay**

Appendix V

***Images utilised to support findings
dialogue and recording consent form***



DIALOGUE RECORDING

CONSENT FORM



Title of study: **“Getting together to play football”: A participatory action research project**

Name of Researcher: **Anna Pettican**

Please initial

all boxes

7. I confirm that I agree to take part in discussing the findings of the above study. I have had the opportunity to ask questions and have had these answered satisfactorily.

8. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

9. I agree to our findings discussion being audio-recorded and understand that such data will be retained for five years following completion of the study.

10. I agree to the use of anonymised quotes in subsequent publications and presentations.

11. I understand that the study is to be submitted by the researcher in fulfillment of a PhD at the University of Essex.

Third party contact details:

_____	_____
Name	Contact details

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person	Date	Signature

taking consent.

Appendix W

Fieldwork journal notes

12/9/12.

Reflection regarding negotiation even in terms of where the group meet - discussions take place - Initially (on first visit) I did not like the Blossom Café environment - hot, noisy (fridge).

However, players chose as second meeting venue and prompted reflection around negotiation and power = Alternatives of room within CMHT base discussed \bar{c} xxx where I probably would have felt more comfortable. Passed power to them to decide \rightarrow decision takes me out of ~~the~~ my comfort zone rather than them. Ultimately seeking to enable participation - need to make this as comfortable and easy as possible.

Thur

15.1.15Intentions

- * Clear message regarding the research being about their experiences regardless of whether they're still part of the PMA or not.
- * What you share within the research will be anonymised / confidential. I am the only person with access to people's interview recordings.
No payment / formal research connection with PMA.
- * Keen to complete some more 'follow-up' interviews to capture experiences relating to shift away from the PMA - doing your own thing - why - how has this gone etc...?
- * However, also need to be honest re. prior data collection + research planning have connection to the PMA.
- * Product idea re. mapping local football / sports resources + facilities?

Appendix X

Dissemination events

Football as Therapy: Researching with the seldom heard

Anna Pettican



Faculty Research Seminar: Two minutes, two slides
Tuesday 6th June 2017

Football as Therapy: Researching with the seldom heard

Anna Pettican

- My research is a collaborative, participatory action research study, conducted with a therapeutic football project in East London, involving people with experience of mental distress
- The research study explored the nature and value of players participation.
- A particular challenge for me in conducting the research was meaningfully involving a group of often marginalised people – people with experience of mental distress, who are seldom heard in terms of being included in community life, research and policy making
- My research study therefore employed creative methods of involvement, that sought to be collaborative and culturally in tune with participants' lives and values.
- For example, the use of walking interviews as the nature of participation in a community-based football team is synonymous with being outdoors and frequenting specific places and spaces, such as football training pitches and local community cafes
- The data was analysed using discourse analysis
- The study's findings highlight the importance of the project being organised around the occupational opportunity of playing football. This appeared to enable those that became involved to background their (mental) health issues and access help and support without being explicitly asking for, or talking about it
- For some, participation in the football enabled them to access alternative discourses, which related to them being a football player rather than a mental health service user. For example, when talking about difficulties with social relationships, but discussing them within the context of playing well as a football team
- In summary, the study provides important information about *how* community projects need to structure participation around activities, such as team sports, in order to maximise health benefits and the meaningful involvement of a marginalised group

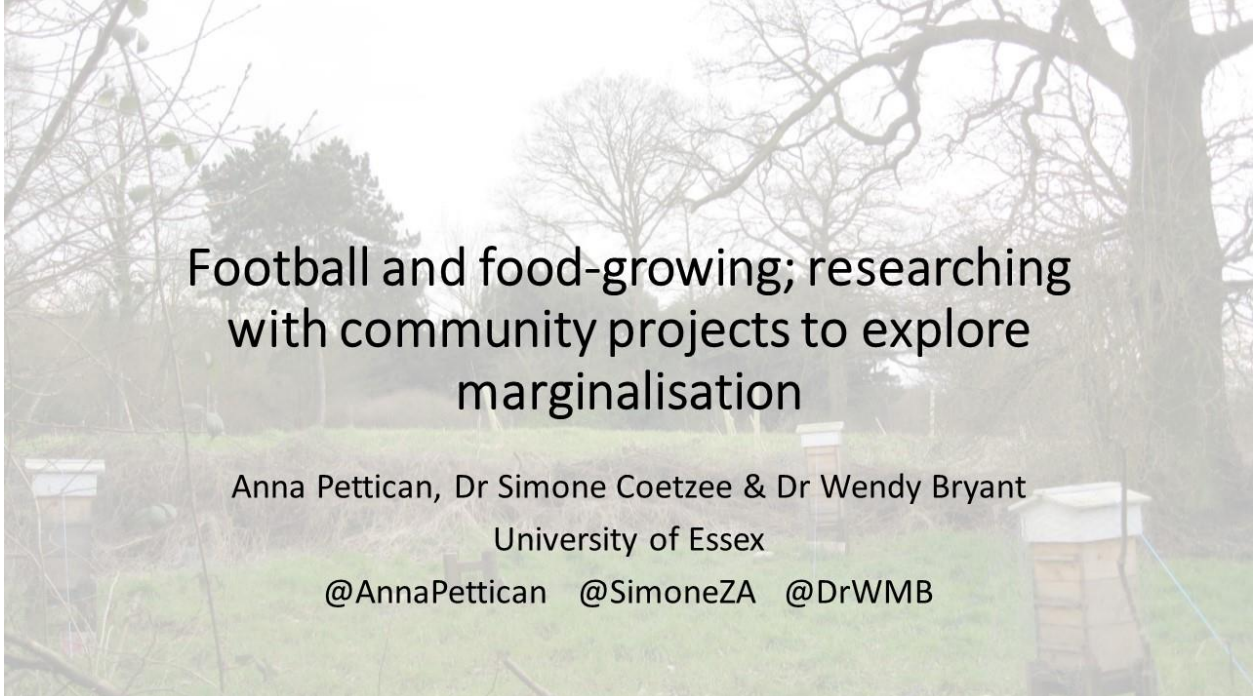
Football and food-growing: researching with community projects to explore marginalisation

Anna Pettican & Simone Coetzee

People with a learning disability or experience of mental distress continue to be marginalised from everyday community life and meaningful involvement in research. This paper presentation will position such groups of people as 'seldom heard' rather than 'hard to reach', and therefore place the emphasis on us as researchers to carefully consider the methods we choose when seeking to involve such marginalised groups in research.

Experiences and findings from two participatory research studies in London will be drawn upon: First, a participatory action research (PAR) project involving members of a community-based football club and second an organisational case study of a community market garden using PAR. The use of collaborative methods that were culturally in tune with participants lives and values will be discussed. For example, the use of walking interviews, as the nature of participation in a community-based football club is synonymous with being outdoors and frequenting specific places and spaces, such as football training pitches and local community cafes. In the market garden, photography and mapping was used to give voice to experience that could not be explained using traditional verbal methods. Data was analysed collaboratively and used critical ethnography and discourse analysis.

Common findings from both studies will be presented, which focus on how such community projects foster a sense of belonging and provide a safe and tolerant place for those that participate. This is in sharp contrast to other aspects of their everyday lives, where they continue to experience discrimination and marginalisation. It also highlights the importance of researching with such community projects in order to meaningfully explore the experiences of such marginalised groups.



Football and food-growing; researching with community projects to explore marginalisation

Anna Pettican, Dr Simone Coetzee & Dr Wendy Bryant
University of Essex

@AnnaPettican @SimoneZA @DrWMB

Overview

#occupation

- Explaining the position of 'seldom heard' and use of a participatory action research approach
- What do occupational therapists bring to inclusive research?
- Introducing our research projects and expertise as occupational therapists in working with marginalised people and groups
- How we used our professional skills in enabling occupation within our research

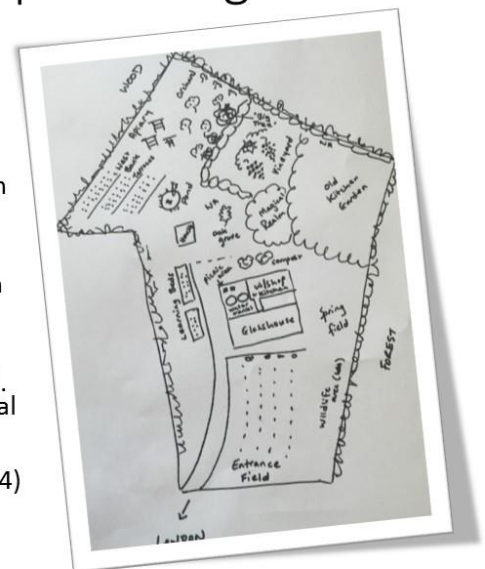
‘Seldom heard’ rather than ‘hard to reach’

- Use of the term ‘seldom heard’ - to move emphasis to considering the accessibility and inclusivity of research methods (Redwood et al, 2012)
- Participatory action research: “...a process in which ‘we’, researchers and participants, systematically work together in cycles to explore concerns, claims or issues that impact upon or disrupt people’s lives” (Koch & Kralik 2006, p27)
- The value of creating a shared and negotiated space in order for collaboration to occur (Bryant et al 2012)

What do occupational therapists bring to inclusive research?

- Innate drive to **do** – people as occupational beings
- Use of **occupation** to promote and enable participation
- **Margins** as places of exploration and opportunity for occupational therapists – diversity and value happen in the margins
- PEOP (Person, Environment, Occupation, Performance).
Environment: Place and space – participation as central

(Bryant et al 2017; Duncan & Creek 2014)





Our research projects

- Both focused on community projects that were orientated around an occupation, with the intention of transforming lives and enhancing health – a safe place to do research?
- Creating shared, safe and tolerant space as part of research process
- The existing value of inclusivity within the community projects
- Temporality – football season and growing season

Anna's Football project

- World café approach as collaborative space
- Culturally in tune
- Inclusive of differing ways of participating

(Brown & Issacs 2005)



Anna's football project

- Want individual space, but conventional interview scenario may be reminiscent of mental health experiences
- Using the occupation of walking as part of research method
- Prompts and accesses marginalised voices
- Grading and adapting – negotiating – though set area for researcher safety



Food Growing and Participation



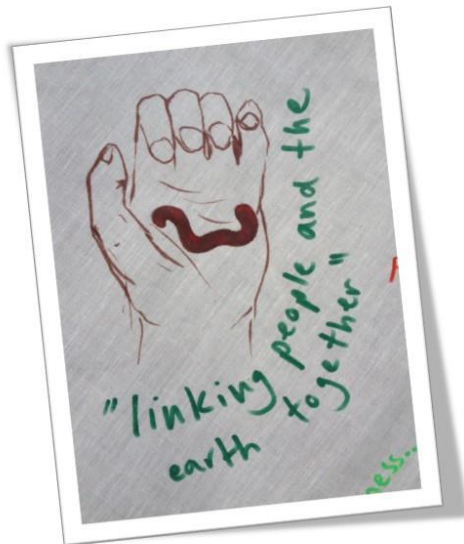
- Garden Kitchen as safe space – third spaces (Oldenberg, 1989);
- “people are less street”- a place of less judgement
- Mapping – using occupation to help develop a sense of physical belonging and ownership – areas they liked, disliked, could grow at their own pace
- Having photos taken “I love seeing myself doing” – engagement and sense of ownership
- “Use the edges and value the marginal” Holmgren (2011) Permaculture principles – ethical approach to gardening that is applied to people too

Food growing as occupation-focused research tool

- Accessibility
- Variety of tasks
- Provides opportunity for development of autonomy and builds connection
- Diversity of people and skill
- Evidence of co-occupation & collaboration
- Occupational inclusion –real participation not tokenism
- Permaculture approach – governance and ethics



Conclusion



- Consider taking an occupational perspective when working with marginalised groups
- PEOP – participation as central
- Involve an occupational therapists and/or make use of occupational therapy/science literature/concepts

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3/29/2018

WFOT Congress 2018


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ABSTRACT SUBMISSION

Title: Football and food-growing: Utilising the co-occupation continuum within participatory action research

Abstract No. 1560

Title Football and food-growing: Utilising the co-occupation continuum within participatory action research

Abstract

Introduction:

This poster presentation will present findings from two participatory action research studies in United Kingdom (UK): The studies involved people with a learning disability or experience of mental distress, who are often marginalised from everyday community life and meaningful involvement in research. This poster will position such groups of people as 'seldom heard' rather than 'hard to reach', and therefore place the emphasis on us as researchers to carefully consider how we meaningfully involve such marginalised groups throughout the research process (Bryant et al 2016).

Objectives:

To consider the relevance of the co-occupation continuum (parallel - shared - co-occupation) (Pickens & Pizur-Barnekow 2009) as a useful way of understanding people's involvement as co-researchers in the research, over time and at different stages of the research process.

Approach:

The concept of co-occupation will be illustrated by the two qualitative community-based projects, which utilised a participatory action research approach. The studies explored two community projects, which were focused around two distinct occupations (food growing and football). What emerged during both studies was not just the relevance of the co-occupation continuum in reference to the two occupations being explored, but also its relevance to the occupation of carrying out a collaborative research study.

Implications:

Envisaging participatory research using the co-occupation continuum extends current understandings of how to meaningfully involve marginalised and seldom heard groups in research, by highlighting real and imagined barriers that might limit involvement.

Conclusion:

Recognising new ways of engaging marginalised and seldom heard groups in research avoids knowledge gaps that result from exclusion.

Permission Yes

Affiliations (1) University of Essex, Colchester, Essex, UK
(2) Brunel University London, Uxbridge, UK

Authors Simone Coetzee (1) (2) Presenting
Anna R. Pettican (1)
Wendy M. Bryant (1)

3/29/2018

WFOT Congress 2018

Biography	Dr Simone Coetzee and Ms Anna Pettican are both occupational therapists, educators and participatory action researchers. They have used this method in separate doctoral studies to ensure the voices of those seldom heard, such as people with learning disabilities and those with experience of mental distress, are included in research that affects their daily lives. Simone lectures occupational therapy at the University of Essex and will be presenting their poster today.
Presenter	Occupational Therapist
Life Span	Adults
Methodology	Research
Registration	Confirm
Categories	Participation & Inclusion
Second choice	Research Methods Rights & Disability
Third choice	Occupational Science
Sub theme	Diversity in society
Presentation	Poster only
Target	All
Experience	Previous Presentation Experience
Statement	Yes

Contact us if you have a problem or wish to withdraw a submission: info@wfotcongress.org



University of Essex

Football and food-growing:

Utilising the co-occupation continuum within participatory action research

Dr Simone Coetzee, Anna Pettican & Dr Wendy Bryant

1. Introduction

- Findings from two participatory action research (PAR) studies in the United Kingdom (UK) focussed around two distinct occupations (**football and food growing**).
- Some co-researchers were people with a learning disability or experience of mental distress, who are often marginalised from meaningful involvement in research. We position such groups as **'seldom heard'** rather than 'hard to reach' (Redwood et al. 2012).
- As researchers we need to consider how we meaningfully involve such **marginalised groups** throughout the research process (Bryant et al, 2017).
- The focus of this poster is on the concept of **co-occupation** (Pickens & Pizur-Barnekow, 2009), and its usefulness in framing and informing our practice as **participatory action researchers**.

2. Co-occupation and Participatory Action Research

Co-occupation:

"...when two or more individuals engage in an occupation which becomes transformed by aspects of shared physically, shared emotionality, and shared intentionality" (Pickens & Pizur-Barnekow 2009, p155).

Participatory action research:

"...a process in which 'we', researchers and participants, systematically work together in cycles to explore concerns, claims or issues that impact upon or disrupt people's lives' (Koch & Kraik 2006 p27)

3. Background

- Thinking and research relating of co-occupation – often focussed on occupations associated with parenting (Davland et al, 2015; 2018; Whitcomb, 2012).
- No-one has yet proposed considering the potential of **research itself as a co-occupation**
- Considering the potential of research activities to be co-occupations offers new insights into increasing user participation in research.
- Determining co-occupations is fluid and subjective, so researchers should focus on **creating accessible and flexible spaces** with the potential to facilitate a co-occupation, rather than seeking to deliberately orchestrate them.

4. PMA Sports Academy

A PAR study conducted with the Positive Mental Attitude (PMA) Sport academy, a community-based football project in London.

Used a series of World Cafe events and walking interviews, within the various contexts in which participation occurred (for example, football pitches, changing rooms and community cafes) to explore the nature and value of people's participation.



Shared Emotionality:
Analysis of the photos, maps and experiences

5. Community Market Garden

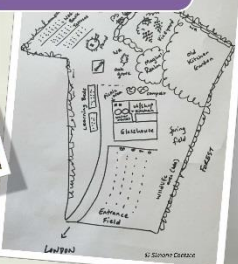
PAR with participants of a community market garden. Focus on sustainable urban food growing in a place and space that is accessible to a diverse community. Two PAR groups, one specifically with people with learning disabilities and their support workers. Used growing tasks, drawing, photography, mapping, artefacts and reflection to explore experience of participation.



Shared Physicality:
Drawing/walking/creating maps and written artefacts



Shared Intentionality:
Generating findings together



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6. Discussion

- Determining co-occupation is a subjective experience. Researcher energies should focus on creating spaces with the potential for co-occupations to occur. **Fluid and transitory**.
- Acknowledge the skill** of co-researchers with disabilities and their peers or support workers, using co-occupation effectively, in the action-reflection cycle of PAR
- Identify where individual, parallel and shared tasks might evolve into co-occupation through the development of **shared meaning** during the research process.

7. Conclusion

Acknowledging the contribution of co-occupation to the evolving focus on participatory research enables us to see how those who are **seldom heard** might:

- take part in research in a non-tokenistic way;
- join in producing valuable findings on their experiences in diverse occupational settings; and
- have a significant impact on the wider social and political spheres they exist in (see figure 1)



Figure 1: The continuum of inclusion through co-occupation (Coetzee, 2016)

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Appendix Y

Academic presentations and publications

Publications

Bryant W, **Pettican AR**, Coetzee S (2016) Designing participatory research to relocate margins, borders and centres. In: Pollard, N. and Sakelliou, D (eds) *Occupational Therapy without Borders*. Oxford: Elsevier - Churchill Livingstone (Vol 3).

Conference presentations

Coetzee S, **Pettican AR**, Bryant WM (2018) *Football and food-growing: utilising the co-occupation continuum within participatory action research*. World Federation of Occupational Therapists Congress, Cape Town, South Africa. 24 May.

Pettican AR, Coetzee S, Bryant WM (2017) *Football and food-growing: researching with community projects to explore marginalisation*. Connecting Communities: Participatory Arts and Social Action Research, Open University, UK. 11 November.

Pettican AR (2017) *Football as therapy: researching with the seldom heard*. Faculty of Science and Health Research Seminar: Two slides, Two Minutes, University of Essex, UK. 6 June.

Bryant W, **Pettican AR**, Coetzee S (2016) *Designing participatory research to relocate margins, borders and centres*. Action Research Study Group, City University, UK. 19 July.

***Pettican A**, Hynes J, Pearson D (2015) *Exploring the added value of using football therapeutically*. College of Occupational Therapists 39th Annual Conference, Brighton, UK, 1 July.

***Pettican AR**, Diaz (2014) *Football: Means and Ends in Challenging Mental Health Exclusion*. School of Health and Human Sciences Research Conference. University of Essex. 17 June.

***Pettican AR**, Diaz A (2014) *Football: Means and Ends in Challenging Mental Health Exclusion*. British Sociological Association West Midlands Medical Sociology Group Event (Under-Served or Hard to Reach? Community and participatory approaches in health research). Coventry University. 16 May.

***Pettican AR**, Kwantreng G (2014) *Keeping Well: A Participatory Action Research Collaboration with the Positive Mental Attitude (PMA) Sports Academy*. Moving Forward with Recovery: Cygnet Healthcare Conference. Isis Building. Thames Quay, London. 22 January.

Pettican AR (2013) *Refining the Way Forward: A Participatory Research Collaboration with the Positive Mental Attitude Sports Academy*. Action Research Study Group. City University, London. 13 November.

Pettican AR, Coetzee S, Pound C (2013) *But is it authentic? Beginning, living and ending participatory research*. Action Research Study Group, City University.

Pettican AR (2013) *Exploring an Alternative: The Positive Mental Attitude Sports Academy*. School of Health and Human Sciences Research Conference, University of Essex.

Pettican AR (2012) *Focusing on sport: The Positive Mental Attitude Sports Foundation Trust*. Association of Occupational Therapists in Ireland. Annual Conference, (invited opening plenary session)

Project work and presentations more loosely associated with the skills and knowledge gained from my PhD

In 2017 I was nominated by the Royal College of Occupational Therapists to be the UK member on the project group that subsequently produced the following international publication:

World Federation of Occupational Therapists (expected 2019) Position Statement: Role of Occupational Therapy in Mental Health. Available at:

<http://www.wfot.org/AboutUs/PositionStatements.aspx>

Barrett L, **Pettican AR** (2018) *Exploring the therapeutic potential of the team sport of boccia*. Royal College of Occupational Therapists 42nd Annual Conference, Belfast, UK, 12 June.

Barrett L, Agnew L, **Pettican AR** (2018) Sport for Confidence: occupation as therapeutic means and ends. Royal College of Occupational Therapists 42nd Annual Conference, Belfast, UK, 12 June.

Pettican AR, Turner J (2018) Collaborative sports coaching with allied health professionals. Applied Coaching Research Conference (UK Coaching), Manchester, UK. 27 February

Pettican AR, Barrett L (2017) *Using Boccia as an Assessment and Intervention Tool: An Evidence-Based Guide for Occupational Therapy Practice*. London, UK: Sport for Confidence.

*Presentations specifically planned and/or co-presented with member(s) of the Research Steering Group.