



**Manchester
Metropolitan
University**

Cooper, Sarah Elizabeth and Parry, Sarah and Livanou, Maria and Sculthorpe, Daniel (2019) Exploring men's attitudes to mental fitness through sportspeople's lived experience. *British Journal of Mental Health Nursing*, 8 (4). pp. 175-180. ISSN 2049-5919

Downloaded from: <https://e-space.mmu.ac.uk/624380/>

Version: Accepted Version

Publisher: Mark Allen Group

DOI: <https://doi.org/10.12968/bjmh.2018.0019>

Please cite the published version

<https://e-space.mmu.ac.uk>

Original research

Exploring men's attitudes to mental fitness through sportspeople's lived experience

Sarah Elizabeth Cooper, Psychological Wellbeing Practitioner, Warrington, UK

Sarah Parry, Practice Fellow in Clinical Psychology, Manchester Metropolitan University, Manchester, UK

Maria Livanou, Senior Lecturer, Manchester Metropolitan University, Manchester, UK

Daniel Sculthorpe, State of Mind Sport Trustee and Former Professional Rugby League Player, Wigan, UK

Correspondence to: Sarah Elizabeth Cooper (sarahcooper93@live.co.uk)

Abstract

An interpretative phenomenological analysis sought to explore how male audience members experienced listening to mental health nurses alongside sportspeople who shared their lived stories of mental health problems in public through education sessions carried out by the mental health charity, State of Mind Sport. Six male participants were interviewed about their experience after attending an education session. Three superordinate themes emerged: 'Evolving male openness about mental health' looks at how the male audience members' perspective on being open about their mental health changed having been to the education session. Second, 'Sportspeople's influence' reflects upon the positive influence sportspeople's involvement in the education sessions has on male audience members. Finally, 'The process of learning about mental health' explores the educational impact the sessions appear to be having. Findings suggested the education sessions were having a positive impact and using sportspeople can improve mental health interventions with males and this has potential implications for mental health nursing interventions.

Introduction

State of Mind Sport is a mental health charity founded in 2011 by mental health nurses, which harnesses the power of sport to promote positive mental health among sportspeople, fans and communities with the aim to prevent suicide (State of Mind Sport, [2015](#)). State of Mind Sport originated in the sport of rugby league, which is predominantly played professionally in the north of England where suicide rates are high among men, and socioeconomic levels are low. A leading rugby league player had taken his own life in September 2010 (BBC News, 2010). State of Mind Sport was established after the death of Terry Newton, a popular international rugby league player. State of Mind Sport was set up by experienced NHS mental health professionals who all had a passion for rugby league. They were keen to prevent similar incidents, but were uncertain about how best to make an impact. They were joined by two former team mates of Terry Newton, who had become TV commentators after retiring from playing. Crucially, they brought the perspective of the player and important contacts in the sport and the media, and gave State of Mind Sport valuable credibility.

Although deprived areas can be found in all regions of England, there is a higher concentration of more deprived authorities in the north (Public Health England, 2017). The North East and Yorkshire and the Humber still have statistically higher suicide rates for males in 2018 compared to the overall rate for males in England (Office for National Statistics, 2019); there is a link between socioeconomic status and suicide (Office for National Statistics, 2017).

The Mental Health Charter for Sport and Recreation, developed with the Sport and Recreation Alliance and Professional Players Federation in 2015 (Sport and Recreation Alliance, 2015), set out how sport and recreation organisations should adopt good mental health practice to make activities inclusive, positive and open to everyone. In 2018, the charity Mind launched a partnership with the English Football League (Mind, 2018). It is an opportunity to promote awareness and understanding of mental health among football fans. Tackling the Blues is run in partnership with Everton in the Community, Edge Hill University and Parenting 2000. It is a sports-based programme targeting young people aged 8–14 who are experiencing, or are at risk of, developing mental health problems (Edge Hill University, 2017).

There are examples of high profile sports participants' stories that can be found where mental health issues have been experienced, for example, Neil Lennon (BBC Sport, 2018) or Clarke Carlisle (Pilling, 2017) in football, Andrew Flintoff in cricket talking about his mental health issues (Chapman, 2019), and in athletics with Kelly Holmes talking openly about self-harm (Hattenstone, 2019). State of Mind Sport is the first project having players talk about their mental health experiences in rugby league and uses the stories of former players, not just in books or press articles or in broadcasts on television/radio/podcasts, but takes the former players out to speak to people at community clubs, schools, colleges, universities and the workplace.

Mental fitness sessions are delivered by mental health nurses alongside sportspeople that have experienced mental ill health and share their personal experiences with an audience. The Office for National Statistics (2018) revealed that the majority of suicides continue to occur in adult males; the male age-specific suicide rate is around three times higher than the female rate. Arguably, poor male mental health may contribute to the high figures of male suicide. The present study's innovation lies in the exploration of male audience members' experiences of the education sessions to examine how the charity's work may have influenced their perceptions, attitudes and thoughts towards mental health using the sport of rugby league.

Background

Yousef et al (2015) investigated attitudes towards seeking psychological help and indicated that men are often more reluctant than women to use psychological services. Seidler et al (2016) conducted a systematic review of the research body exploring the role of masculinity on men's help seeking for depression. Seidler et al (2016) suggested that males who conform to traditional male gender roles are unfavourably impacted in their experience of depression. The impact of these traditional male gender roles may provide insight into why male suicide rates are so prevalent. Wilkins (2014) found that men reported issues affecting their ability to engage in health care because of living in a masculine culture where they must appear strong, that they find discussing their problems difficult, and that there is stigma relating to men disclosing that they have a mental health problem.

Individuals experiencing mental ill health report that social stigma attached to mental illness can make their difficulties worse and make recovery harder (Mental Health Foundation, 2017). Casey and Long (2003) conducted a literature review that focused on how people make sense of their mental illness; the findings suggested that individuals experiencing mental ill health attempt to regain a sense of order by creating a narrative of their disconcerting experiences. The study explored what participant experiences are when listening to a speaker sharing their mental health issues and making sense of the experience.

State of Mind Sport education sessions teach about 'mental fitness'. Robinson et al (2015) conducted a Delphi study whereby 35 experts evaluated a definition of 'mental fitness'. Four guiding principles of mental fitness were conceptualised as:

- Fitness is a positive term without connotations of illness implied by mental illness
- Mental fitness could be understood by the wider community in a similar way to physical fitness
- Mental fitness is measurable
- Mental fitness can be improved in a similar way to physical fitness (Robinson et al, 2015).

Seligman (2002) explained that although positive psychology strives for prevention of mental illness, there is little focus on how to educate, promote, and engage the wider community in proactive, positive mental health activities.

Method

A qualitative, phenomenological and idiographic design was employed to address the proposed research question using face-to-face semi-structured interviews. Interpretative phenomenological analysis (Smith and Osborn, 2003) is an approach concerned with the detailed examination of human lived experience, this approach was used to guide data collection and analysis.

Participants

Participants were men aged 18–65 who had attended an education session and were recruited by opportunistic sampling. ‘State of Mind Sport’ speakers and females were excluded from participation. The researcher interviewed six participants. Although there is no specific number of participants required to conduct interpretative phenomenological analysis, it has sometimes been recommended that the ideal sample size is five or six participants (Smith, 2004). The present study recruited six participants to allow for saturation to occur within the study time constraints. Reid et al (2005) suggested that fewer individuals examined in greater depth is preferable in interpretative phenomenological analysis to a broader, shallow and descriptive analysis of many participants. The researcher interviewed the participants face-to-face after the education session in a public location that was convenient for the participant. Participation in the present study was voluntary.

Ethical considerations

Ethical approval was granted by the Manchester Metropolitan University ethics committee to undertake this research (approval number: PsychREC: Ref No. Pa_2016-7_013). All participants signed an informed consent form for their data to be used and the names of all participants are pseudonyms.

Individual interviews

Individual interviews lasted approximately 15 minutes in duration. The interviews were short in duration (*Table 1*). The participants were male and opportunistic volunteers; they happened to be in the audience attending the mental fitness session. The time taken by the interview is an important element in the individual’s evaluation of the cost of participation (Loosveldt and Beullens, 2013). Transcriptions were emailed to participants to request their feedback. This ensured that the researcher had accurately captured what participants had expressed. All participants felt that their interview transcriptions were a fair and accurate reflection of what they said and did not wish for alterations.

Table 1. Questions asked in the interviews

Question Number	Interview question
1	Could you tell me what happened in the State of Mind Sport mental fitness session in your own words?
2	How did the State of Mind Sport mental fitness session make you feel?
3	What did you get out of listening to someone share their experiences of mental health problems in public?
4	What was different about listening to sportspeople opening up about their mental health problems?
5	What were your views of mental illness before the mental fitness session?
6	What's your view of mental illness now having been to the mental fitness session?
7	What factors do you think affect somebody seeking help for their mental health problems?
8	What do you think is unique about what the State of Mind Sport sessions offer if anything?
9	What does the term mental fitness make you think of?
10	What's your plans for the future to maintain good mental fitness now you have been to the mental fitness session?
11	If you can think of anything, how do you think the State of Mind Sport mental fitness sessions could be improved?

Data analysis

IPA was performed on the transcribed interview data. The aim of IPA is to explore in detail how participants make sense of their personal and social world (Smith, 2004). A two-stage interpretation process is followed in IPA, which consists of the participant making sense of their world and the researcher trying to make sense of the participant making sense of their world (Smith, 2004). IPA is connected to hermeneutics (Packer & Addison, 1989) and combines empathic hermeneutics with questioning hermeneutics (Smith, 2004). Empathic hermeneutics refers to the researcher trying to understand the participant's point of view and takes their side (Smith, 2004). Questioning hermeneutics refers to the researcher asking critical questions about the participants' data; for example, what is the person trying to achieve? (Smith, 2004). IPA's focus on sense making by both participant and researcher means that cognition is highlighted as the primary analytic concern (Smith, 2004). Bruner (1990) argued for the strength of using IPA, but regretted how quickly the central focus of the cognitive paradigm shifted from meaning making to the science of information processing. IPA researchers must be mindful that participants may struggle to express what they are thinking or feeling or may not wish to self-disclose (Smith, 2004).

IPA is characterised by a homogenous group (Smith, 2004). The present study has achieved a homogenous group, as the shared characteristic of all participants is that they have attended a mental fitness session. Semi-structured interviews are considered the exemplary method for carrying out IPA; they allow the researcher to enter as far as possible into the participant's social world, the respondent may introduce interesting issues not pre-planned by the researcher to be explored, they provide richer data, and they facilitate rapport and empathy with the participant (Smith, 2004). The present study employed semi-structured interviews in the data collection process. The interview schedule was constructed using neutral, open questions free from jargon and possible prompts were outlined.

The researcher fully immersed themselves with the interview transcripts. The researcher created initial codes depicting the participants' reality without interpretation. The initial codes consisted of key words, phrases and summaries. The researcher read the interview transcripts and initial codes again to extract initial emergent themes. Upon more familiarisation with the data, the

researcher then identified recurrent themes, subthemes and superordinate themes, which are represented in a table. Software was not used to assist in the management of the study data. Direct quotations have been extracted from interview transcripts in the results and discussion section using pseudonyms to ensure participants' anonymity.

Results

The use of interpretative phenomenological analysis created a rich pool of data from the participants and data analysis revealed three superordinate themes. The superordinate themes were:

- Evolving male openness about mental health
- Sportspeople's impact
- The process of learning about mental health.

These superordinate themes consisted of subthemes gathered from participants' comments about their experiences of the education sessions across the interviews. *Table 2* presents a definition of each superordinate theme and each subtheme, which will be discussed in the context of their superordinate.

Table 2. Summary of themes

Superordinate themes	Sub themes	Quotes
<ul style="list-style-type: none"> • Evolving male openness about mental health – how the male audience members' perspective on being open about their mental health changed 	<ul style="list-style-type: none"> • Before – men don't talk, negative view, uncertainty, sportspeople invulnerable when playing sport • During – sportspeople showing vulnerability and being open, powerful, mental illness can happen to anyone • After – positive experience, plans to open up more, plans to ask others how they're feeling, mental illness is not a sign of weakness 	<p>'My views on mental health now are that it's good to talk about it' (Andy)</p> <p>'Makes me think that you know, maybe I should talk a little bit more about how I feel, I suppose maybe, cause blokes we're a bit rubbish aren't we?' (Les)</p>
<ul style="list-style-type: none"> • Sportspeople's impact – the positive influence sportspeople's involvement in the education sessions have on male audience members sharing their lived stories of 	<ul style="list-style-type: none"> • Before – sportspeople invulnerable, sportspeople attracted attendance • During – unexpected display of vulnerability from sportspeople, engaging, mental illness can happen to anyone • After – example set to the audience to be more open, positive view of the presenters and their varying experiences 	<p>'Being a sports fan, certainly a rugby league fan, you can connect to their stories a bit better and sort of take on board, 'cause you know, they're very similar to yourself' (David)</p> <p>'To see these sportsmen, sort of</p>

<p>mental health problems</p>		<p>open up and share what is and can be viewed as quite, almost an embarrassing thing, I am sad to say, but to share that with a room full of strangers is quite powerful’ (Paul)</p>
<ul style="list-style-type: none"> • The process of learning about mental health – the educational impact ‘State of Mind Sport’ appear to be having on sportspeople, fans and communities 	<ul style="list-style-type: none"> • Before – lack of understanding about mental illness • During – becoming mentally fit, learning to recognise depressed mood, amusing yet sending serious messages about mental health, signposting support services, mental illness can happen to anyone • After – plans to open up more, plans to help others 	<p>‘We had an overview of people’s mental state, their mental health, a few assessments that could take place’ (John)</p> <p>‘The session, as far as I could tell, was promoting mental fitness and pointing out signs and symptoms of potential mental health problems and ways to improve your own mental fitness and it makes me more open to talking’ (Billy)</p>

Figure 1. Super league captains sporting State of Mind Sport tee shirts pictured with the super league trophy 2017



Discussion

Mental health nurses appear to have the potential to address a gender disparity in death by suicide; 75% of suicides are male (Department of Health, 2017). Mental health nurses, working alongside sportspeople, can target areas of low socioeconomic status areas where a sport is popular to address inequality in suicide risk, as those in the poorest socioeconomic circumstances are approximately ten times more at risk than those in more affluent areas (Wyllie et al, 2012). This can be seen in Improving Access to Psychological Therapy Services, where only 36% of people accessing these services were male (Mental Health Foundation, 2017). Wyllie et al (2012) recognised that existing or traditional mental health services were not being accessed by men, so using a popular sport in these areas can open the door for men to access support.

A sport's core geographic area may stretch across communities with low socioeconomic levels. Rugby league club areas where State of Mind Sport began in the north of England did and its work uses the clubs' brands to enable health interventions to be delivered into these communities and build trusting relationships with communities to understand the community's changing aspirations, priorities and health needs. Cooper et al (2017) documented that State of Mind Sport and three professional rugby league clubs asked a number of their male supporters whether they would be interested in attending sessions that show them how professional rugby league clubs manage the mental health of players. Cooper et al (2017) found that 71% of men asked were interested in accessing a men's health course about the physical and mental fitness preparation of players, across a range of age groups at three professional rugby league clubs that asked a number of their male supporters.

Certain communities across the UK resonate with different sports and recreational activities. This means that there is potential to use other sports to deliver mental fitness messages where men may be present. For example, in 2019 the Men's Health Forum worked with the World Professional Billiards and Snooker Association to produce the Snooker Survival Guide to coincide with the World Snooker Championships (Men's Health Forum, 2019).

Limitations

The numbers interviewed were small and the time scale was limited; therefore, it was not possible to make generalisations. The study was small scale with six interviews examined in depth, but provided rich data that could be used to build further research to explore why this particular approach appeared to be successful in accessing an alleged 'difficult to reach' group of men. The potential of using targeted approaches before, during and after any mental health education sessions that can trigger change behaviour is certainly worthy of further exploration.

Implications for practice

Mental health nurses should be open to using and applying these sports stories from high profile players to engage with groups that appear to be difficult to access in terms of health interventions. Mental health nurses could apply the use of sporting metaphors and language in preparing support and recovery plans for people with severe and enduring mental ill health, especially if a service user has an interest in a sport or other recreational activity.

Conclusion

This article has revealed elements of participants' views before, during and after the 'State of Mind Sport' mental fitness sessions to see what impact, if any, the sessions were having and how they were experienced by male audience members. Three main phenomena were discovered within the interview data. First, it was found that education sessions appear to be influencing male audience members' attitudes towards being more open about their mental health. Second, the impact of the

mental fitness sessions seems to be greater on male audience members because of sportspeople's involvement in their delivery. Finally, it was noted that the mental fitness sessions appear to be having an educational impact on its audiences. Overall, it seems that the mental fitness sessions were perceived by their audiences as having a positive impact. There is potential for further exploration of the mental fitness sessions' nature and the perceived outcomes from audience members. This may lead to exploration of how mental health nurses deliver health messages to male audiences using sportspeople to maximise the efficacy of the education sessions, to encourage health improvement by preventing future mental health problems and to be harnessed in various health environments or even in sporting environments to encourage attendance.

Conflict of interest

The authors declare that there were no conflicts of interest.

References

BBC News. Rugby league player Terry Newton found dead. 2010. <https://www.bbc.co.uk/news/uk-england-11414736> (accessed 1 October 2019)

BBC Sport. Neil Lennon on depression relapse, helping young players & SPFL initiative. 2018. <https://www.bbc.co.uk/sport/football/43119190> (accessed 19 September 2019)

Bruner, J. Acts of Meaning. Cambridge, MA: Harvard University Press; 1990

Casey B, Long A. Meanings of madness: a literature review. J Psychiatr Ment Health Nurs. 2003;10(1):89–99

Chapman A. Freddie Flintoff health: 'I didn't understand what was happening to me' - depression signs. 2019. <https://www.express.co.uk/life-style/health/1144293/freddie-flintoff-top-gear-anxiety-depression-symptoms-signs-NHS-treatment> (accessed 20 September 2019)

Cooper P, Howes J, Munson R, Rae M, Shepherd J. Testing the appetite for a men's mental health programme in a professional sports club environment. Ment Health Nurs. 2017;37(1):12–15

Department of Health. Preventing suicide in England: third progress report on the cross-government outcomes strategy to save lives. London: DoH; 2017

Edge Hill University. Tackling the blues impact report 2016. Ormskirk: Edge Hill University; 2017

Hattenston S. Kelly Holmes on mental health and happiness: 'I've been to the lowest point and the highest. <https://www.theguardian.com/sport/2019/mar/13/kelly-holmes-mental-health-happiness-self-harming-podcast-interview>

Loosveldt G, Beullens K. How long will it take? An analysis of interview length in the fifth round of the European Social Survey. Surv Res Method. 2013;7(2):69–78. <https://doi.org/10.18148/srm/2013.v7i2.5086>

Men's Health Forum (2019) It's good to chalk: snooker and health: your Survival Guide to the 2019 World Snooker Championships. London: Men's Health Forum <https://www.menshealthforum.org.uk/snooker> (accessed 1 October 2019)

Mental Health Foundation. How to look after your mental health. 2017. <https://www.mentalhealth.org.uk/publications/how-to-mental-health> (accessed 1 October 2019)

Mind. Mind announces new partnership with EFL. 2018. <https://www.mind.org.uk/news-campaigns/news/mind-announces-new-partnership-with-efl/> (accessed 1 October 2019)

Office for National Statistics. Who is most at risk of suicide? <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whohismostatriskofsuicide/2017-09-07> (accessed 1 October 2019)

Office for National Statistics. Suicides in Great Britain: 2017 registrations: registered deaths in GB from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. London: ONS; 2018

Packer, MJ, & Addison, RB. Entering the Circle: Hermeneutic Investigation in Psychology. Albany: State University of New York Press; 1989

Pilling K. Clarke Carlisle: Stranger in the park saved my life during mental health battle. 2017. <https://www.independent.co.uk/sport/football/news-and-comment/clarke-carlisle-stranger-in-the-park-saved-my-life-during-mental-health-battle-a8017576.html> (accessed 1 October 2019)

Public Health England (2017) Health Profile of England 2017. London: Public Health England

Reid K, Flowers P, Larkin M. Exploring lived experience. *Psychologist*. 2005;18(1):20–23

Robinson P, Oades LG, Caputi P. Conceptualising and measuring mental fitness: a Delphi study. *Int J Wellbeing*. 2015;5(1):53–73. <https://doi.org/10.5502/ijw.v5i1.4>

Seidler ZE, Dawes AJ, Rice SM, Oliffe JA, Dhillon HM. The role of masculinity in men's help-seeking for depression: a systematic review. *Clin Psychol Rev*. 2016;49:106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>

Seligman MEP. Positive psychology, positive prevention and positive therapy. In: Snyder CR, Lopez SJ (eds). *The handbook of positive psychology*. New York: Oxford Press; 2002

Smith JA. *Qualitative psychology: a practical guide to research methods*. London: SAGE; 2004

Smith J, Osborn M. Interpretive phenomenological analysis. In: Smith JA (ed). *Qualitative psychology: a practical guide to research methods*. London: SAGE; 2003

Sport and Recreation Alliance (2015) *Mental Health Charter for Sport* <http://sramedia.s3.amazonaws.com/media/documents/a20d14f5-943c-4bcc-9991-c832d56eec0a.pdf> (accessed 1 October 2019)

State of Mind Sport. We are passionate about rugby league and the rugby league community. We want you to be happy and enjoy your life. 2015. <http://rugbyleague.stateofmindsport.org/> (accessed 1 October 2019)

Wilkins D. How to make mental health services work for men. 2014
https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_mh_v4.1_lrweb_0.pdf (accessed 1 October 2019)

Wyllie C, Platt S, Brownlie J et al. Men, suicide and society. Why disadvantaged men in mid-life die by suicide. Reigate: Samaritans; 2012

Yousef O, Popat A, Hunter MS. An investigation of masculinity attitudes, gender and attitudes towards psychological help-seeking. *Psychol Men Masc.* 2015;16(2):234–237.
<https://doi.org/10.1037/a0036241>