

EVALUATION REPORT 2018

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Contents

1-2

- Foreword
- Introduction
- The need
- Project origins

3-4

- Project timeline
- Project outcomes
- Impact
- The Sessions

5-6

- Beneficiaries
- What makes CTF Work?
- The future

7-10

- Research –**
- **Q1** Football based mental health schemes across the country – a review of the evidence
 - **Q2** CTF: the associated mental health and physical health benefits
 - **Q3** CTF: the associated social and lifestyle benefits
 - **Q4** CTF: the associated financial benefits
- Research Summary

Foreword



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

When we first approached NELFT in December 2005 with the vision of using the power of football to help transform community services for those adults experiencing significant mental health issues, we were fully aware that our work would have to be evidence led if it was to be effective in the long term. We realised that we would ultimately be judged on impact and cost effectiveness. Fortunately, our initial approach to the Institute of Psychiatry led us to Dr Oliver Mason who devised a six-point evaluation methodology which meant that our focus on recovery and reducing service users' reliance on acute care never wavered; and when it came to the three-year cycle of acquiring succession funding we were consistently in a strong position. Furthermore, the evidence base gave us the confidence in 2014 to expand the project across four London boroughs and to extend our reach to include 12-17 year olds.

Some 18 months later a successful funding application from Dr Mason and his colleagues at UCL to the National Institute of Health Research Public Health

Practice Evaluation Scheme meant that he could commence a two-year research study in April 2016 that would produce a quantitative, qualitative and health economic evaluation of evidence.

The research took the form of five studies that would review football based mental health projects across the country before looking specifically at Coping Through Football to investigate attributable improvements in mental health and physical health outcomes, associated social impact and any financial benefits.

The findings relating to Coping Through Football benefits were very encouraging with nearly a doubling of weekly exercise, a widening of social networks, an increase in self-esteem and a number of positive lifestyle changes. Whilst it is difficult to attribute cost savings to Coping Through Football alone, it is likely that the project's social and economic benefits far outreach its modest costs.

For people who are new to Coping Through Football, this Evaluation Report includes an explanation of why the project was conceived and how it has been delivered since 2007 followed by a summary of the five studies. Publishing the report at the House of Commons, thanks to our President Kate Hoey MP, provides a perfect platform for informing and inspiring other Trusts and football clubs to adopt the Coping Through Football model and to deliver a mental health service with a difference.

Alex Welsh
Chief Executive,
London Playing Fields Foundation



Introduction

Coping Through Football is an innovative project that focuses on the recovery of young people and adults experiencing mental health problems with the intention of helping them to live more independently. In doing so the project is seeking to transform and add sustained value to existing community mental health services. Coping Through Football highlights the value of multi-agency working by demonstrating how two charities (London Playing Fields Foundation and Leyton Orient Trust) can collaborate with the NHS (NELFT) to use football to improve the lives of one of society's most marginalised groups.

The annual economic and social cost of mental health problems is estimated to be

£105_{bn}

23%

of the national disease burden is attributable to mental health

Suicide is the leading cause of death of men aged

15-49_{yrs}

50%

of all mental health problems are established by the age of 14

The need

Mental ill health represents the largest single cause of disability in the UK. One in four adults experience at least one diagnosable mental health issue per year and tragically suicide is the leading cause of death of men aged 15-49 years. The annual economic and social cost of mental health problems is estimated by Centre for Mental Health to be £105 billion, yet despite mental illness accounting for 23% of the national disease burden it only receives 13% of the NHS budget. For those suffering from long term conditions they are at risk of dying an average of 15-20 years earlier than the general population with two thirds of these deaths being from preventable illnesses including heart disease and cancer, largely through smoking. People with a long standing mental health problem are twice as likely to smoke as the general population. With 50% of all mental health problems established by the age of 14, rising to 75% by the age of 24, early intervention and timely access to good quality care is vital.

Project origins

Driven by the obvious needs, the project stemmed from an approach that London Playing Fields Foundation (LPFF) made to NELFT (formerly North East London Foundation Trust) in 2005 to explore ways in which football could be used as part of a recovery model for people in the London Borough of Waltham Forest who were experiencing significant and more enduring mental health issues. With a track record of designing, developing and delivering successful sport based projects where the focus was on wider social outcomes, LPFF believed that a similar partnership approach would work with mental health.

From the outset the intention was to be transformational and to produce a project that would in time become part of mainstream services and not another “sticking plaster” intervention, here today and gone tomorrow when the funding expired. It was therefore critical that the project had clinical credibility, was shaped by a robust evaluation methodology that built on previous evidence of a positive link between exercise and mental health and was delivered by coaches in a way that did not focus purely on football outcomes.

In the local context of Waltham Forest one of the challenges for NELFT at the time was the lack of engagement from black 18-25 year old male service users with health professionals. It was envisaged that providing football sessions led by Leyton Orient Trust (LOT) coaches within a community setting would stimulate better engagement as they would not be identified with the stigma frequently associated with mental health services.

To ensure that the project had sound clinical foundations fifteen months were spent ensuring that clear NELFT governance protocols covering contact, referral and clinical review were put in place.

Pilot sessions began in June 2006 at Leyton Orient's SCORE complex whilst external funding was sought until the project was officially launched by the Minister for Sport Gerry Sutcliffe in December 2007 at The Emirates Stadium.

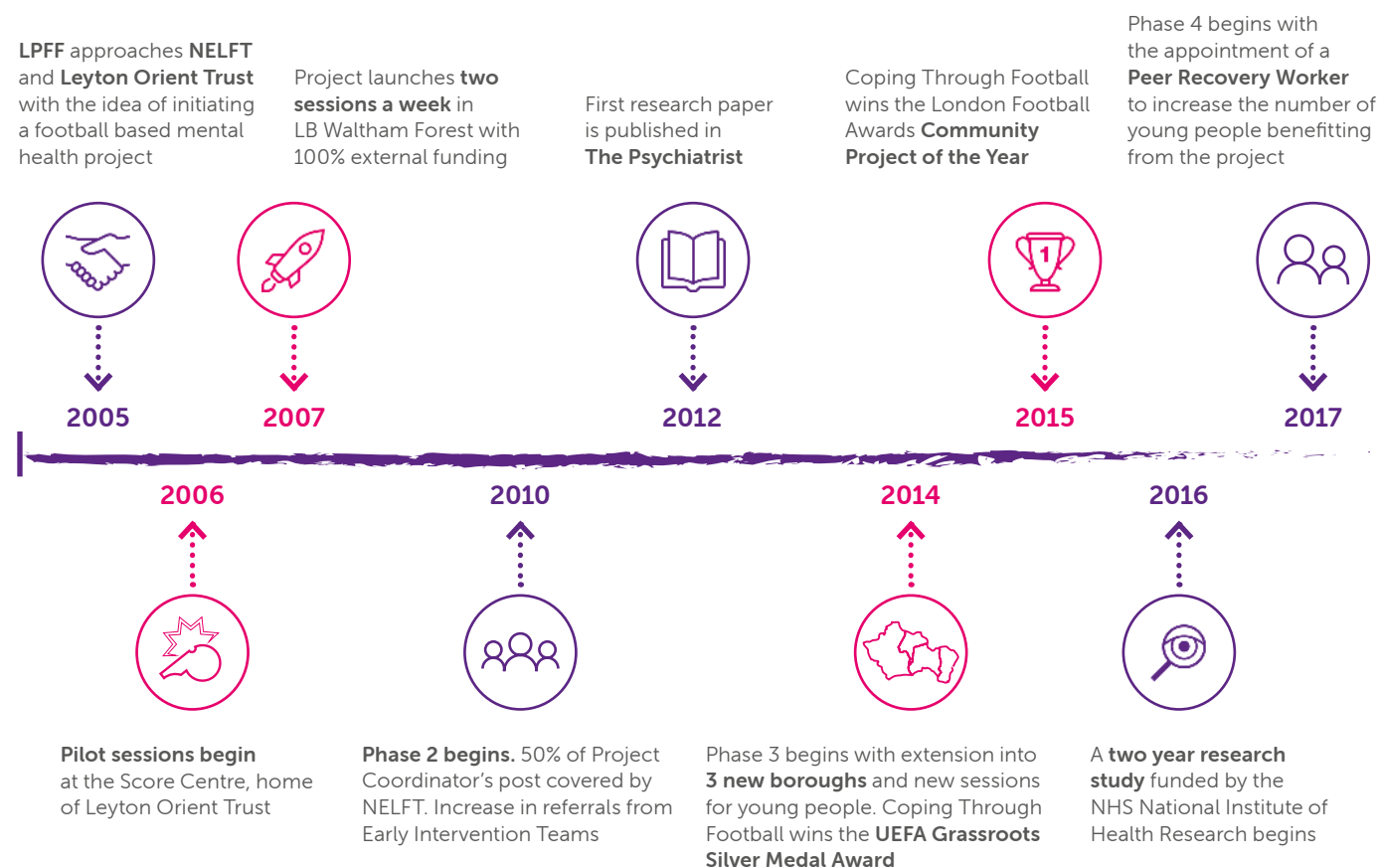


It's helping me a lot with my depression now... I engage with more people... When here, when doing this, I don't feel alone, I don't feel like I am a bad person, like I am the worst person in the world. Here I don't think anyone really judges me for that.



It's not traditional mental health so a lot of young people are like “I'm not sitting on a couch and talking to you”, but if you kick a football around for a bit they'll totally tell you everything... a different way to engage young people in a way that they truly enjoy.

PROJECT TIMELINE



Project outcomes

With the overall aim of helping participants live more independent lives, the project sets out to:

- ▶ Improve physical health and well-being
- ▶ Enhance self-esteem and confidence
- ▶ Enhance opportunities for improving interpersonal and social skills
- ▶ Increase service user confidence and ability to access mainstream opportunities within their wider community
- ▶ Reduce reliance on alcohol, cigarettes and recreational drugs
- ▶ Provide a route back to employment, volunteering, education and training
- ▶ Enhance more positive relationships with health professionals
- ▶ Reduce the use of acute care services



I'm feeling positive in myself and I've been working part time. I'd like to start a children's project using multi-sports to improve their confidence. So Coping Through Football keeps me looking forward and bettering myself.

Impact

In Phase 1 (2007-2010) the impact on 150 service users who were referred to the scheme was remarkable, with 44% of participants moving on to education/training, volunteering and employment. Eight out of ten service users classified as having a dependence on illicit drugs and alcohol, reported that involvement in the project had helped them to remain abstinent or reduce their consumption.

The Evaluation Report produced in 2010 reported that Coping Through Football:

- Provided a service with a difference
- Helped service users get back a sense of identity
- Addressed addiction problems and reduced non-prescribed drug usage
- Promoted smoking cessation and healthier lifestyles
- Enhanced the health and well-being of service users
- Opened up the social world
- Enhanced empowerment

Building on this momentum in Phase 2 (2010-2013), referrals increased considerably from Early Intervention Teams and IAPT (Improving Access to Psychological Therapies) with continued high rates of participation from black and minority ethnic groups (who statistically are 6.6 times more likely to be admitted as inpatients or detained under the Mental Health Act).

Having secured succession funding for Phase 3 (2014-2017), Coping Through Football expanded into the other NELFT boroughs of Redbridge, Havering and Barking and Dagenham (with a combined population of just under one million) and it was also extended to include 11-17 year olds via Child and Adolescent Mental Health Services (CAMHS). The referral of participants has widened to include primary care providers such as local GPs and links to acute and inpatient services have been further extended to include escorted provision from both adolescent and adult wards. The project enjoys good links with CAMHS and the recruitment of more young people has become a priority for Phase 4 (2017-2020) where the appointment of a Peer Recovery Worker will make a real difference.

The Sessions

Philosophy

The football sessions are what draws the service user in and they mark the place where the interface between the service user and their peers and health professionals initially happens. The focus is not on football outcomes such as the creation of a mental health team or league but on the personal and interpersonal aspects of an individual's journey to health. The project is strongly aligned with the view that more people with mental health problems will recover by having a good quality of life which entails developing a greater capacity to manage their own lives and having stronger social relationships, a greater sense of purpose and the skills they need for living and working. This is based on the premise that the more integrated the individual is, the less disconnected they will become thus increasing the likelihood of a sustained recovery.

Session delivery

The six sessions per week which are free of charge and delivered on high quality community pitches are attractive to participants. The project is open to participants of all ages and abilities (ages 13-17 and 18+ participate separately). The Project Coordinator (who is a NELFT occupational therapist), the Peer Recovery Worker and the Leyton Orient Trust coaches work hard to provide a welcoming and supportive environment in which participants can establish new friendships, improve their levels of fitness, increase their confidence and receive support from qualified clinicians. The coach aims for maximum involvement with an emphasis on enhancing self-esteem so as the session ends the participants leave with a greater sense of self-worth and achievement.

Benefits beyond the pitch

The Project Coordinator uses the opportunity to monitor service users' mental health; updating and identifying any concerns. The support provided to participants extends beyond the football sessions with the Project Coordinator working with them to promote a fuller, more independent and healthy lifestyle. These include a programme of health and well-being workshops which address issues such as smoking cessation, diet and nutrition and improving fitness. The GP lead for the project provides regular football themed workshops on topics suggested by service users.

In addition, on starting with the project and also at review, participants are invited to discuss their aspirations for work, training and study, and identify other activities that they may choose to explore to support their recovery.

The Project Coordinator and Peer Recovery Worker have capacity to be responsive and offer support. In this way the project can influence and encourage the individual's recovery beyond the football sessions, resulting in positive vocational and educational outcomes.



Since attending Coping Through Football I feel that half of the 'weight' has lifted from me. I feel 'lighter' in myself. I enjoy making friends and I try to be positive. There's a huge improvement in my life.



At the project we encourage each other to get fitter and stronger. It's a good community group, we chat and have a laugh. I'm working part-time about 16 hours a week now and I find that work is good for my mind.

BENEFICIARIES

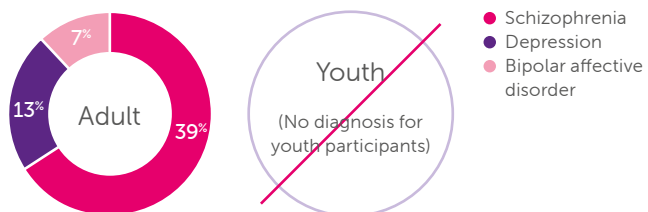
A year in the life of Coping Through Football

Based on 2017-18 figures

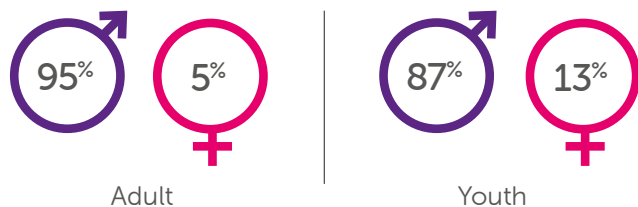
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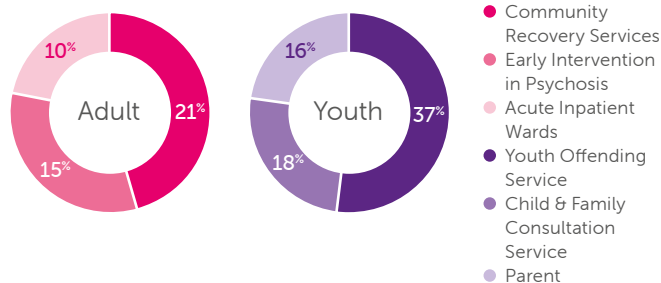
Main Diagnoses:



Gender:



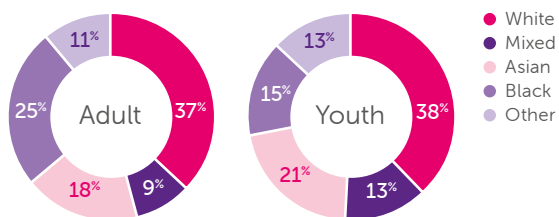
Main referral sources:



Outcomes:



Ethnicity:



What makes Coping Through Football work

• Being underpinned by clinical credibility

The contact, referral, assessment, review and governance procedures have been drawn up in conjunction with NELFT and critically the project has the full backing of the Trust's Leadership Team and Board. The referral pathway is controlled by clinicians making it easy to transfer the model to other NHS Trusts looking for more innovative ways of reducing the reliance on acute care, as well of promoting more recovery led approaches to service user care.

• Being driven by an evaluation methodology

Established by Dr Oliver Mason, Research Department of Clinical, Educational and Health Psychology, University College London, the clear evaluation framework recognises what success looks like and how it will be measured.

• Creating an inclusive environment

The use of good quality community facilities where everyone is welcome and service users enjoy a sense of belonging is crucial. Running for 50 weeks in the year, the sessions are not 'traditional' mental health sessions but are about coming together in a 'normal' way to play football. The atmosphere is relaxed, non-judgemental and friendly and for those service users feeling anxious the sessions provide a stress-free environment.

• Managing the football experience

Where possible, the same LOT coach, accompanied by the Project Coordinator, is constantly present and this provides reassuring continuity for the participants. The coach is appropriately trained, qualified and experienced and coaches to improve the feelings of self-worth rather than winning football matches. The footballing abilities vary considerably across the group so the coach manages the difference to ensure that everyone has a fulfilling experience. Participants expressing a wish to play more formal competitive matches in addition to the Coping Through Football sessions are introduced to local mainstream clubs.

• The power of partnership

As the project essentially focuses on the recovery of people with long term mental health issues, a multi-agency approach is essential if participants are to be assisted in living more independently. Both charities have outstanding reputations in their fields and have extensive experience of using sport to achieve wider health and social outcomes.

LPFF manages the overall delivery of the project as well as playing a key role in promoting it at a strategic level, securing funding and providing facilities. LOT provides the coaches, one of the coaching venues and access to regular Leyton Orient FC home fixtures. NELFT provides the clinical governance covering contact, referrals, review and exit route protocols. It employs the Project Coordinator and part-time Administrator and Peer Recovery Worker who support her role.

The future

Having reached the ten year milestone we remain committed to continuous improvement of the project and especially to the contribution it makes to young people experiencing the onset of mental health problems.

Looking forward we have two main goals. Firstly for Coping Through Football to become fully integrated within mental health service delivery, so it is less reliant on external funding. Secondly, via the production of a toolkit, we want to promote the Coping Through Football model to other trusts and their local football partners, meaning more people experiencing mental health problems can have their lives transformed through the power of football.

For those of you who have been informed and inspired by this report we would love to hear from you. Please refer to the contact details on the back page.



When I've been low at home just been stuck indoors and not doing activities or sports, it's one thing that actually gets me out ... it's going to keep me healthy... I'm just going to socialise ...because I love football so it's something that I should be doing no matter how I feel.

Research

A two-year research study began in April 2016 under the National Institute of Health Research Public Health Practice Evaluation Scheme. It comprises a quantitative, qualitative and health economic evaluation of evidence and it aims to answer the following key questions:

Q1. What is the existing evidence for the effectiveness and feasibility of football based mental health schemes?

There are now five studies of Coping Through Football making it the most widely studied scheme of its kind. These describe the range of benefits participants ascribe to the project and how they perceive these to occur.

Q2. Is the implementation of the Coping Through Football project associated with improvements in mental health and physical health outcomes?

The evaluation team from University College London includes Dr Oliver Mason (project lead), Professor David Osborn, Dr Jessica Deighton and Dr Bettina Friedrich, with economic analysis by Centre for Mental Health. The research was part-funded by the NIHR School for Public Health Research (SPHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Q3. What are the social benefits of the Coping Through Football project?

Q4. What are the costs and benefits associated with the delivery of the Coping Through Football project?

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Q1. Football based mental health schemes across the country – a review of the evidence

A recently published review of the evidence about mental health and football identified around fifteen projects with varying degrees of evaluation. Though the aims of some projects were somewhat vague, most contained reports of increased well-being and social connectedness by participants. Almost all projects were based in the UK and some, but not all, had links to formal mental health services. Very little quantitative evidence was present and what existed was very limited in scope. See ⁽¹⁾ for more details.

Q2. Coping Through Football – the associated mental health and physical health benefits

There is growing evidence that football-based public health interventions can have a positive impact on emotional, physical and social well-being in people with mental health problems. In the first in-depth study⁽²⁾, 'A role for football in mental health: The Coping Through Football project', participants felt that the project offered a very different experience to previously accessed services as it was not problem focused and offered an opportunity for personal change and development. They described how football offered a reconnection with a pre-illness identity: often memories of football were strongly associated with enjoyment and a positive sense of self. A safe and supportive environment was one of the explicit aims of the project and staff described their efforts to achieve this. Perhaps most crucially it helped open up the social world for many previously isolated and lonely individuals who found the structure it offered daily life and the potential for deep and genuine friendship invaluable.

Many service users highlighted how their friendship network had expanded. The consequence of both the physical and psychological benefits to fitness, health and enjoyment were highlighted by all participants as key benefits of attending the project. These might be weight loss, reducing smoking, improvements to their performance at sessions, or the very widely perceived benefits to mood and motivation. Some referrers and coaches saw these perceived benefits as central to maintaining the motivation to attend for individuals who can find this challenging. One of the strongest outcomes to emerge was increased self-confidence/self-esteem and even what might be termed empowerment.

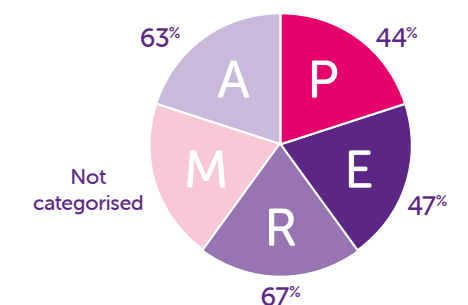
The 'Numbers Game': quantitative data

Analysis of routinely collected data over the past three years suggested that for 74 participants over the first six months attending the project⁽³⁾:

- Levels of moderate-to-vigorous activity nearly doubled from 181 to 343 minutes a week. Though this is largely attributable to taking part in the scheme, some of this increase in activity reflects wider participation.
- Significant gains were seen in perceived quality of life and self-esteem on standardised instruments. These are similar to those seen for explicitly therapeutic interventions such as talking therapy.

The same monitoring forms asked participants via routinely collected feedback about the improvements they perceived from the scheme. Individuals usually wrote a sentence or two about their experience. These were analysed within a theory of well-being that outlines the necessary ingredients for optimal mental health. The PERMA model attempts to capture the ingredients of well-being, or what it takes to flourish in life, as described by psychologist, Martin Seligman. These five well-being pillars are positive emotion, engagement, relationships, meaning to one's life and a sense of accomplishment. Frequent and consistent evidence in participants' answers was found for four elements of this model⁽⁴⁾:

- (P) Positive Emotions** These were almost universal but often associated with socialising, engagement or achievement. For around half there was simply a sense of fun and enjoyment or a reduction in anxiety and other negative feelings.
- (E) Engagement** Almost half said it was simply important to them to engage in playing football. Since many participants have a very limited range of regular activities it was an important change from a previously sedentary lifestyle.
- (R) Positive Relationships** Two thirds indicated that they felt participation led to positive relationship experiences both those formed at the sessions, but also relationships with others including their family and friends.
- (A) Achievement** Two thirds reported accomplishments that ranged from dealing with personal symptoms, making positive lifestyle choices around diet, exercise and smoking, as well as gaining independence in living arrangements such as moving out of hospital.



Q3. Coping Through Football – the associated social and lifestyle benefits

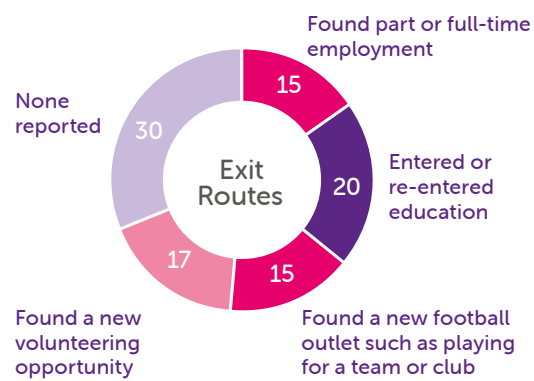
Over 50 stakeholders including many users of the project were interviewed⁽⁵⁾. As youth and adult sessions are held separately these have been reported similarly. In this study adult participants, referrers, coaches and others were asked about their experiences of the project, what difference it made as well as any challenges or difficulties they faced. Almost all participants reported a strong sense of relationships made over time that had helped them increase their confidence and social skills. They were very positive about the difference that physical exercise and lifestyle advice had made to their physical well-being and lifestyle choices. There was no one route to recovery: instead participants benefited from the intervention in very individual ways that depended on their own personal needs and motivation.

Another Angle: Younger people

Though fewer in number, youth participants reflected some of the same experiences⁽⁶⁾. Early on it was key that they felt accepted by staff and other participants and not defined by their difficulties or identity in the care or judicial system. Some would find it a place they could socialise and communicate where in general they felt isolated and alone in life. Individuals started to make small changes, engaging with peers, attending school and gaining confidence. They valued that it was not a traditional mental health service demanding that they engage or talk. Those around them noticed that paradoxically this seemed to enable greater openness for some. It marked the first time in a long time that some had received praise and felt proud about something in their lives.

Employment, Education and Volunteering Outcomes

These were the self-reported exit routes by 97 previous participants using routine monitoring.



There was also a wide range of self-reported weight loss, smoking cessation, gym attendance and so forth.

Q4. Coping Through Football – the associated financial benefits

Context

The unit costs for Coping Through Football have been calculated to enable comparison with alternative services and societal costs to demonstrate the potential savings which can accrue. Although Coping Through Football serves a wide variety of service users many have psychotic and other severe mental health problems.

For people with a diagnosis of schizophrenia (39% of the Coping Through Football sample):

- Males are expected have a life expectancy twenty years shorter than average
- Cardiovascular disease is the most common cause of that early death
- Fewer than 25% of this group will do more than 150 minutes of exercise per week
- Rates of unemployment for people with severe mental illness are approximately six to seven times higher than average

As a result of these significant disadvantages, the costs of schizophrenia are very high, both for individuals, their families and for a range of public services, including the NHS. The London School of Economics estimated that the cost in England was £11.8bn in 2010/11⁽⁷⁾. Consequently, interventions which can be shown to improve physical or mental health for people with long-term mental health conditions are likely to provide good value for money.

Costs were calculated for 2016/17 (£95,720) to provide a service with 2,815 attendances. This gives a per-person, per-session cost of £34 which, to give some context, is about the average cost of a GP appointment at £36.88. It is also comparable to the cost of a personal training session (and associated local gym membership) once a week at £34.44 – which would be half the length of a Coping Through Football session.

Attendance by participants is variable. The support is flexible and therefore people enter, leave and re-enter the programme depending on their needs and wishes. An average cost per participant is therefore difficult to determine, although the average cost is £748 per person per year. Within the membership, there will be higher users – for example someone attending 40 sessions will cost £1,360 while someone who attends every week for a year (50 weeks) equates to £1,700. **To scale this against statutory services, Coping Through Football is a low cost intervention in the mental health sector.**

In terms of equivalence for example, £1,700 purchases:

- Four days in a mental health inpatient bed
- Five attendances to A+E, conveyed by Ambulance
- One Deprivation of Liberty Assessment

Financial benefits:

It is very difficult to estimate if there is financial benefit derived from an improvement in mental health compared to what it would have been in the absence of the programme. This could occur if for example hospital admissions were reduced. Similarly, preventing a decline in mental health can avoid significant costs. In the case of schizophrenia, the LSE in 2011 found that the cost of schizophrenia was £60,000 to society per person per year, based on the costs of inpatient care, unemployment, offending and drug use. Adjusting the 2010/11 figures by inflation to 2016/17 figures (using HM Treasury's RPI measurement of inflation) results in an updated figure of £72,522.

With such high costs incurred per person, Coping Through Football does not have to make extraordinary health gains in order to save society and public services the equivalent of its cost.

Taking this figure, the annual cost of Coping Through Football for one year is the equivalent of the costs of schizophrenia to society for just over one person (1.32 people).

Or, more practicably, if Coping Through Football were to reduce the financial costs associated with schizophrenia, such as medical treatment and unemployment by just 2.6% per participant with an existing diagnosis of schizophrenia (39%) this would result in Coping Through Football breaking-even in terms of cost avoidance. A fall of just over 5% per participant would mean the programme would save twice what it costs. This is before counting the costs which could be saved on treatment for other Coping Through Football participants who have a diagnosis of depression (13% of referrals) or bipolar affective disorder (7%).

Primary Data

As part of the study, data was gathered on the number of inpatient bed days used by 72 participants in the two years before each joined Coping Through Football and the two years after. Across the sample, bed days fell from 4,972 bed days in the two years before the Coping Through Football start date and 4,383 days in the two years after. There were variances in the use of beds – 10 participants' bed use increased, and 47 had no bed days during the four-year period. However, a fall of 589 bed days overall is large and a reduction of 12% across the sample. Of those for whom bed use fell, it reduced from 2,700 days to just 843.

(The reader should also note that this data was only gathered for 72 of the larger sample of 128 and there is the potential that absent information could cancel out or reverse this finding).

In terms of costs, the specific bed types used by each person are unknown – for example, the level of security or what kind of mental health treatment was offered. Consequently, a mean figure of £404 for a bed day is used to calculate the savings which that reduction could generate⁽⁸⁾. **Across the sample of 72 people, this equates to a cost reduction of £237,956 over the two years, or an average of £118,978 per year.**

Whilst the reduction in costs cannot be ascribed to Coping Through Football (or to Coping Through Football alone), it is certainly an encouraging figure. If the service was responsible for 40% of the reduction, then it would cover half its running costs on inpatient bed savings alone. This is before examining the wider impact on employment and better physical health.

Next Steps:

Expanding the evidence base further may prove an effective way to make the financial case for expansion of the programme and for similar initiatives. One method for this is to chart the 'customer journey' of each participant to determine:

- 1) Whether those who play more football enjoy better physical and mental health
- 2) If leaving the project is for positive (employment, another club, marriage) or negative (admission, arrest, deterioration) reasons, and whether there are trends within those participant groups
- 3) Understanding the long-term impact of the programme, for people who play for more than two years

Research Summary

- Coping Through Football leads to nearly double the level of weekly exercise
- A wide range of psychological and social benefits accrue including wider social networks, self-esteem and lifestyle changes
- Though the impact on employment and health is difficult to estimate, it is likely that the project's social and economic benefits far outweigh its modest costs
- The project is very widely enjoyed and valued by those that take part as a non-stigmatising and highly valued project with considerable visibility in the wider community

Footnotes

- 1 "What is the score?" A review of football-based public mental health interventions (2017). B Friedrich, OJ Mason. Journal of Public Mental Health 16, 144-158.
- 2 A role for football in mental health: The Coping Through Football project (2012). OJ Mason, R Holt. The Psychiatrist 36, 290-293.
- 3 Evaluation of the Coping Through Football Project: Physical Activity and Psychosocial Outcomes (2017). B Friedrich, OJ Mason. The Open Public Health Journal 10.
- 4 Applying Positive Psychology Principles to Soccer Interventions for People with Mental Health Difficulties (2018). B Friedrich, OJ Mason. Psychology, 9, 372-384.

- 5 Qualitative evaluation of a football intervention for people with mental health problems in the North East of London. Journal of Physical Activity and Mental Health (in press).
- 6 The Role of Football as a Mental Health Intervention for Young People: A qualitative study of the Coping Through Football Program. Journal of Public Mental Health (submitted).
- 7 Effective interventions in Schizophrenia, The Economic Case (2012). Knapp, M, Andrew, A, McCrone, P, Parsonage, M, Trachtenburg, M. Personal Social Services Research Unit, London School of Economics.
- 8 Unit Costs of Health and Social Care (2017). Curtis, L. & Burns, A. Personal Social Services Research Unit, University of Kent, Canterbury.

Project Funders

Thanks to our funders for their support

Phase 1

- Football Foundation
- City Bridge Trust
- Henry Smith Charity
- Capital Volunteering
- London Catalyst
- Trusthouse Charitable Foundation

Phase 2

- Man Group Charitable Trust
- Henry Smith Charity
- LBWF
- NELFT

Phase 3

- The Dr Mortimer and Theresa Sackler Foundation
- Wembley National Stadium Trust
- NELFT

Phase 4

- The Dr Mortimer and Theresa Sackler Foundation
- LB Redbridge Public Health
- NELFT
- Ian Mactaggart Trust

Further information



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