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This study investigated qualitatively the experiences of men who took part in a 10 week integrated exercise/psychosocial mental health promotion programme, "Back of the Net" (BTN). 15 participants who completed the BTN programme were recruited to participate in either a focus group discussion (N = 9) or individual interview (N = 6). A thematic analytic approach was employed to identify key themes in the data. Results indicated that participants felt that football was a positive means of engaging men in a mental health promotion program. Perceived benefits experienced included perceptions of mastery, social support, positive affect and change in daily behaviour. The findings support the value of developing gender specific mental health interventions to both access and engage young men.

Keywords: men's health, community mental health promotion, qualitative, exercise and mental health

Positive mental health is defined as a state of complete psychological, physical and social well-being (WHO, 2001). Rather than viewing well-being as a fixed state, it is argued that people can fluctuate between well-being and psychological distress at various times in their lives (Horwitz & Scheid, 1999). In a recent population study of distress in Ireland, results indicated that 12% of the 2,711 respondents were experiencing psychological distress at any one time (Tedstone Doherty, Moran, & Kartalova-O'Doherty, 2008). Of these, 40% did 240 not seek help from formal health care services for their problems, with the majority of this subgroup being male. These findings highlight that in addition to those who require clinical and acute services, a broad spectrum of informal support sources are needed for those who are experiencing distress but who do not require statutory services (Tedstone Doherty et al.). Community based innovative programmes that promote well-being, develop coping strategies and increase resiliency are particularly crucial for hard to reach population groups such as young males (Tedstone Doherty & Kartalova O'Doherty, 2010; Department of Health, 2008). Psychological distress is defined as experiencing unpleasant subjective states similar to sub clinical levels of depression (Barlow & Duran, 2005). In the UK, the National Institute for Health and Clinical Excellence (NICE) recommends a number of interventions for individuals with sub threshold depressive symptoms (NICE, 2009). These include minimal interventions such as guided self-help based on cognitive behavioural therapy (CBT) and structured group physical activity programmes. The utility of the NICE guidelines for young men, however, is limited if those in need either cannot or will not avail of the recommended interventions. The challenge therefore is to develop community based pragmatic interventions incorporating CBT and/or physical activity that is both accessible and acceptable to young males.

In men's health, adherence to masculine ideals and norms has been associated with reluctance to seek help (Lee & Owens, 2002). From an applied perspective, a contextual approach suggests a number of psychosocial structures capable of moderating restrictive masculine norms (Addis & Mahalik, 2003). For example, a man is more likely to seek help for problems he sees as "normal" and "shared" in contexts where interpersonal support rather than self-reliance is endorsed by other men (Addis & Mahalik). Contexts which provide opportunities for reciprocity (e.g., giving help, sharing expertise) and autonomy may also reduce threats to dominant masculinity norms (e.g., strength and competence) (Addis & Mahalik). The use of the sport context and sporting language has shown promise in providing the conditions and opportunities that foster help seeking and engagement in young men (Pringle & Sayers,

2004). For example, research has shown that mental health promotion programmes based in sport contexts normalize the help-seeking process for men (Pringle & Sayers). To date, the value of employing the sport context to engage young men in mental health promotion has received little attention (Pringle, 2009).

Integrating two therapeutic modalities, guided self-help based on CBT and group exercise, the Back of the Net (BTN) programme is a 10 week, community mental health promotion programme targeted at young males. The central characteristics of the programme are the use of playing 5-aside football, cognitive behavioural techniques and the language of sport to address a weekly mental health theme. In line with the UK Medical Research Council (MRC) guidelines for the development of complex interventions (MRC, 2008), as part of the BTN development plan, the programme has been pilot tested in a 10 week Randomised Controlled Trial. The full details of the protocol and results of the RCT have been previously published (McGale, McArdle & Gaffney, 2011). Although the pilot RCT showed some support for the effectiveness of the BTN intervention, it provided little information with respect to programme acceptability, receipt, structure and setting. Qualitative research undertaken alongside RCTs in the development of complex interventions remains uncommon (Lewin & Glenton, 2009). This is despite recommendations that 'end users' should be involved at all stages of the development, process and outcome analysis of a complex intervention (MRC, 2008). In line with these guidelines, the aim of this study was to employ qualitative methods to explore the experiences of participants who participated in the BTN arm of the pilot trial.

METHOD

Overview of the BTN Intervention

Participants in the BTN programme (N = 38) were asked to attend 20 exercise sessions over a 10 week period (i.e., 2 sessions per week). Each session involved five to 12 men, lasted a maximum of 55 minutes and took place at a 5-aside Astroturf football pitch. Each session was structured so that participants exercised to moderate heart rate intensity for at least 35 minutes. Participants began each session with a 10 minute warm-up, followed by 5 minutes of drills, and a 10 minute conditioned game. A conditioned game is one in which the coach/instructor applies specific conditions that form the basis of rules for the duration of the game (Launder, 2001). For example to encourage teamwork and communication amongst

players, a game condition could be set requiring that a player make three passes before taking a shot on goals. In the BTN intervention, the conditioned game was followed by a 25 minute small-sided football game and 5 minute warm-down. In the small-sided game, a team talk took place at half time (lasting approximately 5 to 10 minutes), during which a different mental health theme was addressed each week for nine weeks. The tenth week was devoted to a competitive round robin league. The themes focused on in the RCT include goal setting, relaxation/stress management, problem solving, team-work, identifying positive strengths, resilience, avoiding harmful situations, self-care behaviours and communication. A number of cognitive behavioural techniques such as cognitive restructuring, problem solving training, goal setting, progressive muscular relaxation (Jacobson, 1970) and homework setting were employed to deliver the targeted themes. For example, the Socratic method was employed to aid learning, to link sport lessons to the life context, and to identify and challenge unhelpful cognitions. Examples from sport and sport metaphors were employed to teach participants goal-setting and problem-solving skills and to stimulate group discussion during the half time talk. Progressive muscular relaxation (Jacobson, 1970) was incorporated regularly into the sessions during either the warm up or cool down to reduce physical tension and other symptoms of stress. Each week the structure of the physical component of the session (i.e., warm up, drills, conditioned game) changed to reflect and reinforce the mental health theme that was addressed that week. For example, for the theme of problem solving, the drills and conditioned game were structured to encourage the players to work together to tactically problem solve in difficult game situations. This theme then continued to be reinforced in the small sided game where it became the focus of both the physical game and the half time talk. Finally the theme of the session (e.g., problem solving) formed the basis of "homework," a small cognitive behavioural task that varied weekly in line with the changing mental health themes. In sum the total time dedicated to addressing each theme during each session was 55 minutes. Over the course of the RCT, the protocol of each BTN session was documented and study integrity was checked by an independent observer.

The BTN programme was designed to be facilitated by a professional with a coaching qualification in football. The facilitator/coach does not need extensive CBT or counselling training and only minimal understanding of CBT is required to facilitate the programme. The coach's role is to organize, structure, and deliver the sessions as per the BTN manual.

Participants

With institutional ethical approval (DCU/REC/2008/39), participants for the RCT were recruited via advertisements placed locally in newspapers, health centres, pubs, restaurants, social welfare offices, unemployment agencies and local businesses. The local newspaper was our main means of recruitment with little public interest stemming from our adverts in the social welfare offices and unemployment agencies. Overall, there was an acceptable level of interest in this study and recruitment numbers were met in approximately three to four weeks. (See McGale and colleagues [2011] for full details of the recruitment process and a CONSORT diagram showing the flow of participants through each stage of the randomized trial.) To be eligible to participate in the RCT, participants had to be between the ages of 18 and 40 years, sedentary (i.e., currently exercising once per week or less) and not currently receiving any psychiatric treatment. Individuals were excluded if they had any medical condition that would put them at risk while exercising. A study physician met and assessed each potential participant individually. Although suicidal ideation and clinical depression were not part of the exclusion criteria, individuals who expressed symptoms of clinical depression were referred to a clinical psychologist for further risk assessment. None of the participants were considered at risk nor were any participants deemed to need more intensive support.

To be eligible to participate in the adjunct qualitative study, the trial participants had to have completed the BTN intervention. Of those who completed the intervention (N = 23), a convenience sample of 15 men (65% of completers) aged 23 to 35 agreed to participate in either a focus group discussion (N = 9) or individual interview (N=6). Participants who attended the focus group discussion are referred to as F1, F2, F3, F4, F5, F6, F7, F8 and F9 and those who participated in the one-on-one interviews are identified as I1, I2, I3, I4, I5 and I6 in this study. Pre-adoption, 12 of the participants in the qualitative study reported minimal symptoms of depression and three indicated mild to moderate depressive symptoms. Other key pre-adoption characteristics are presented in Table 1.

Procedure

Prior to the RCT participants in the BTN intervention were informed of the adjunct qualitative study and provided consent to be contacted by email or phone with respect to participation. Post-trial, 9 participants were initially invited to attend a focus group session and 6 additional participants were later invited to participate in individual semi-structured telephone interviews. All those contacted agreed to participate in the study. Information sheets and consent forms were given to participants to complete before taking part in the

study either via email (in the case of individual interviews) or directly (in the case of focus group participants). Participants were assured that their responses would be strictly confidential and data would be analysed as group data only.

To elicit specific information and steer group discussion throughout the focus group and individual semi-structured interviews, the researchers developed a topic guide that acted as a prompt for the moderator. In the focus group session participants were asked a number of predetermined open-ended questions covering the topics presented in the guide. These questions were developed for the purpose of exploring participants' experiences of the BTN intervention. Following preliminarily analysis of the focus group data, the topic guide was further developed to include additional topics that the researchers felt warranted greater exploration in the individual interviews. While the use of a topic guide provided structure to the discussion, it also allowed for flexibility in the interview process and depth of exploration.

The overall topic guide covered:

1. Expectations and experiences of the BTN programme
2. Perceived gains from participating in the BTN programme
3. Perceptions of the intervention process
4. Perceptions of the BTN environment
5. Perceived acceptability of the BTN programme

The focus group lasted 1 hour 15 minutes and the one to one interviews ranged between 13 to 31 minutes in length. Despite the brevity of the shortest individual interview, all the topic areas were addressed and insightful feedback was provided.

Table 1: Participant Characteristics

Participant	No sessions Attended	Age	Exercising prior to BTN	Ethnicity	Employed	Marital Status
F1	20	30	No	White	Yes	Single
F2	16	32	Once p/w	White	Yes	Married
F3	12	32	Once p/w	White	Yes	Married
F4	19	29	Once p/w	White	Yes	Single
F5	18	28	No	White	Yes	Single
F6	18	26	No	White	Yes	Single
F7	15	35	No	Mixed	Yes	Single
F8	14	26	Once p/w	Mixed	Yes	Single
F9	14	23	Once p/w	White	No	Single
I1	19	35	Once p/w	White	Yes	Married
I2	10	34	No	White	Yes	Single
I3	13	24	No	White	Yes	Single
I4	20	26	No	White	No	Married
I5	18	34	Once p/w	White	Yes	Married
I6	16	28	No	White	Yes	single
	Mean (SD)	Mean (SD)	% sedentary	% white	%employed	% single
Total N = 15	16.13 (3.07)	29.47 (4.03)	53	87	87	67

Abbreviations: p/w, per week

Data Analysis

Audio recordings of the focus group and individual telephone interviews were transcribed verbatim. To assist analysis, any relevant observational notes that were made throughout participant interviews were included in the transcript. This is particularly beneficial when conducting focus groups as it allows for data relating to group dynamics to be included in the analysis (Webb & Kevern, 2001). An interpretive thematic analytic approach was employed to guide the analytic process (Braun & Clarke, 2006). Investigator triangulation was also employed to minimize individual bias and improve the qualitative results (Flick, 2007). Both the first and second authors independently analysed the transcripts and subsequently discussed coding decisions and agreed themes. Analysis was both deductive and inductive. Specifically a deductive approach was employed to develop an organising framework and an inductive approach was used to develop codes and recognise new concepts/themes emerging from the data. Higher order themes were developed by comparing and contrasting codes within the data and classifying similar codes together (Braun & Clarke, 2006). This analytical

process was carried out until no further amendments were deemed necessary to the coding frame (Barbour, 2007). To increase the validity of the results, participants' responses were summarised during the interviews by the researcher to give participants the opportunity to clarify any misunderstanding in interpretation. To further ensure trustworthiness, member checking was employed post qualitative data collection (Flick, 2007). The second author presented back a summary of the main findings to five out of the nine individuals from the focus group and to all six participants who were involved in the individual interviews. This allowed participants the opportunity to verify summary comments.

RESULTS

In line with the aim of the study both individual and collective experiences of participating in the BTN programme, were summarised into two themes, namely (a) "core structural features" and (b) "the impact of a combined exercise/CBT programme on participants' experiences." Each of these major themes and related sub-themes are presented in turn.

Core Structural Features

The results highlight a number of critical structural features central to the BTN programme. In discussing the dichotomy between their expectations and their actual experience of the programme, participants made continuous reference to the programme structure. Participants' reflections on the programme structure were grouped into two subthemes, "cooperative ethos" and "woven modalities."

Cooperative ethos.

A number of the focus group and individual interview participants described their experience of participating in the BTN programme as being different to what they had expected prior to starting the study. Most participants' initial expectations primarily revolved around playing in a traditional, competitive 5-aside football league. Participants were surprised to find the BTN intervention less competitive, less traditional and more enjoyable than anticipated, "I thought the standard was going to be a lot higher, I thought it was going to be really competitive an … but no it wasn't, it was deadly." (F1) "There's nothing competitive about it … no-one says anything to you here, like it's not like that, it's great, you know, you're not put under pressure." (F8) These results suggest that structural features such as an emphasis on co-operation relieved pressure to embody dominant ideals of masculinity (i.e., competitiveness

and power over others) traditionally associated with sports (Messner, 1992, 2002). For example, participant I1 stated, "without the structure I wouldn't have enjoyed it as much, it would have become the usual five-a-side team where suddenly people started taking it seriously and it's not enjoyable anymore." The emphasis on co-operation rather than competition was communicated by both the structure of the physical component of the intervention (i.e., drills, conditioned game) and the manner in which the programme was facilitated. For instance, the participants reflected on the coach's ability to encourage interpersonal interaction between the participants. Yeah, yeah and, and the way it was structured really got, em, interaction between everybody, (the coach), day one got ya to know everyone's name etc., so ya got to know everybody instead of just turning up for a game of ball, kicking around and then leaving ya know. (F2)

From a social constructionist perspective, help-seeking settings are contexts in which the meaning(s) of masculinity are actively constructed (Addis & Mahalik, 2003). In this instance, working together to improve both individually and as a whole represented loyalty, responsibility and a bond with a larger entity that provided each man a chance of reciprocity (i.e., giving something to the whole). Sharing his experience participant F9 reflected, "The way (the coach) done it was like, he was training a football team cos the stuff he was doing like, it was like he was training us to be a team." Likewise participant I1 stated, In the gym I feel very good, purely from the high from doing the exercise but it doesn't have the same feeling as the football programme … it's not the same as the whole bonding thing that came along with the football. I think that having that team bonding was huge.

Woven modalities.

The programme was structured so that the CBT element was not a "bolt on" addition to the exercise intervention but rather woven implicitly into the fabric of sport participation. Within the cognitive behavioural framework, experiential learning is often used as a means of aiding cognitive change (Bennett-Levy et al., 2004). The framework used for this intervention involved employing the game of football to facilitate experiential learning followed by cognitive therapeutic strategies to address the targeted mental health themes. Most participants perceived the BTN programme as a game of football that had some additional objectives, in other words the CBT element was implicit within an explicit sport structure, participant F8, "it was a game to open your mind up really. It was, cos you weren't just kicking a ball around you were doing something else as well." Many felt that the additional focus on personal development and mental health throughout the 10- week intervention was

an aspect of the program that made it unique. I thought it was totally different, it was different because you taught me different things, not just about football but about your health you know? You didn't just teach me about football things like skills and fitness but you taught me things about, how you say… self-development or something like this. (I4)

The men's responses suggested that the meaning they attributed to attending a sport programme that incorporated a mental health promotion component was non- threatening to their masculinity, "there is no stigma in going to play football" (F4). The participants indicated that for the most part their focus was primarily on playing football, an activity perceived as "normal." Activities and discussions within this context were therefore also normalised and consequently the mental health aspect of the programme was perceived as acceptable, participant I1, Because we were, in the team talks, talking about how we could use things like team work and help people with problems in real life and I think that would help people along the way. But I think if you just took everyone, without the football element and stuck them in a room, it wouldn't work because with football you can be a bit more relaxed about it. This view was supported by participant F3, So em I mean, it was very good I have to say, to try to keep that … the … life message in with the football message, cos, ya know, for us it was just all about football and then half time, team talk and suddenly the penny drops ya know, this is what we're trying to achieve here. When asked to reflect on the centrality of the game of football to the BTN intervention, participants indicated that the sport itself wasn't that important, as long as the sport/exercise was an activity the individual enjoyed. The critical factor it seemed was that the activity was a pretext for engaging in a mental health promotion programme. I don't think necessarily it would have to be football. I think that without having another context as the reason for getting us together … I think if you had just tried to get people together to talk about whatever, it wouldn't have worked as well. It could be football, it could be a pool competition, it could be whatever, it's just, "we're here for this … and one side of it is the other stuff, is talking about things." (I1)

The Impact of a Combined Exercise/CBT Programme on Participants' Experiences

Participants' reflections on how the integration of exercise and cognitive behavioural therapeutic modalities impacted their experience fell into two subsections, "therapeutic experience" and "extended impact."

Therapeutic experience.

In general nearly all participants used the term "good craic" to describe the programme which is a colloquial term for an enjoyable experience. For example, "Enjoyment, mixing with the lads that I had never met before and the craic we had, em, yeah, great enjoyment I got out of it." (I5) "You knew that twice per week you would be going in and having the craic with the lads." (I1)

Ah the start was always good craic, wasn't it? It was just like you could swing your shot miles wide and you'd just laugh and everyone would laugh at ya like, it was cool. Getting to know people was cool. (F1)

When explored in greater depth, factors impacting on the participants' therapeutic experience were grouped into those aspects that were collectively highlighted as positive and those elements that received mixed responses. Factors that positively influenced men's therapeutic experience included practitioner/participant rapport, scheduling and engagement in exercise. Factors that received mixed reviews included the team talk and some structural features of the programme. Each of these factors will be discussed in turn. The important role of the facilitator/coach in creating an environment that was inclusive and non-hierarchical was reiterated repeatedly by the participants. (Name of coach), you know he was just, "ah, how's it going" type and a genuine fella and that's what struck me, a genuine, down-to-earth "Joe-soap." You don't need these fellas that have been there, done that, put the medals on the table, it wasn't about (name of coach), it was about what he was doing you know, a "Joe-soap," don't get anyone that's known or has ideas about themselves you know, he came up as a "Joe-soap," the gear on him even wasn't fancy, you know, he was a normal lad. (I4) Other positive features of the intervention included having to schedule the programme sessions into their day to day lives. Some of the participants indicated that this process aided in the development of time management skills resulting in a greater sense of personal agency and control, participant F2, "I am just managing my time better because I realise that I can actually do it, I can get out early, I don't have to be working there all the time." In CBT activity scheduling involves the individual learning how to increase daily engagement in pleasant activities that are self-reinforcing (Westbrook, Kennerley, & Kirk, 2007). In line with the principles of activity scheduling many of the participants indicated that they had learnt more about the importance of self-care through the programme. What I found is that it's important to do something you enjoy, that will de-stress you. Have an hour or two doing this, it keeps you healthy, keeps you fit and you forget about everything else, you forget about what you had to do yesterday, what you have to do tomorrow, you have your own space and your own happiness here for a couple of hours a week. (F6) Others realized that

engaging in the exercise sessions made them more active in day to day living and resulted in feelings of mastery and positive affect. For example, “I don’t mind walking to the shop now, it’s just around the corner you know, but usually I’d have sent the kids” (F1); “You come home tired but you feel good about yourself that you’ve got up and done something in the evening, rather than just sitting at home watching telly” (F8). Yeah, more energy to do other things, so as well as, you know, feeling fitter, you get home on another day from work and you say, “Right, I’ll do this bit of painting that she’s been at me about, I’ll go out and do it,” whereas before it was, you know, it was the same routine. (F3)

Linked with the physical component of the intervention, participants also indicated experiencing increased levels of self-confidence in their fitness and physical ability to partake in drills and games. The experience of participant I4 illustrates this point, “In my fitness and in my skills I was thinking all the time when I was playing that I was better and fitter than the last week, it was good … it give me this confidence.” The men described observing the development of exercise self-efficacy in themselves, in other players, and in the team as a whole, “The lads got more comfortable … more confident if you like.” (I2) Many of the men indicated that they often felt ‘good’ after a session and recognised this feeling of positive affect as part of the exercise “feel good” factor, participant I5, “the good feeling that you got when you were leaving after putting in the good hour session of exercise you know, yeah you definitely get that buzz after exercise.”

In contrast to the exercise element of the programme which in general was received positively, participants’ perception of the CBT component was mixed. The opportunity as a group to share experiences and therefore both impart and receive support from others was identified by some of the participants as having a positive therapeutic effect, “the team talks… I think we had the opportunity, not that it was expected, but it would give people a feeling… that there was a support group out there for them.” (I1) Many perceived the BTN programme environment as conducive to opening up and talking about issues that they would not otherwise discuss with friends. Participants indicated that the perception that everyone was there for similar reasons allowed them to talk openly about personal issues without judgement from their peers. Well, myself and (F1) for example, who wouldn’t have known each other before, we would have told each other a few different things and I would know a lot about him and him about me now and probably because we didn’t know each other then nobody is going to be judgemental or no one is going to have a pre-conceived opinion you

know.… I think it was that element that these are strangers … it's almost like going to a counselling session you know, you're telling a stranger but added to that you got the friendship end of it. (F3)

I think that even though people were conditioned from a very early age not to talk about their problems I think people still feel the need to talk about their problems and people are often looking for an outlet and sometimes it's very hard to find that outlet … if none of your friends are talking about their problems certainly you are not going to feel comfortable talking about your problems with them … even though they could be all thinking the exact same thing. (I1) Yes, I don't know why I wouldn't see a doctor, I don't know, I just don't know. Maybe I don't think I am so sick to see a doctor, I don't know. And maybe I think it is not always manly to talk about feelings, but, eh … I realise now that talking about actually helps you, it is great to talk about, like to a friend or anybody who is listening. I was really shy to ask somebody or anything but through football you actually, you … your stress, you can leave it on the field you know and its different with a group, it good because I found that the other people there were like me you know, they were stressed. (I4) Participants also spoke about how they continued to think about issues discussed during the group talks in their day to day lives. I did actually put it into my head and self-use at home like and (it) got me through some hard times in the last few weeks.… Like it was good to get things as a group, talk about them and say like, this is how you bounce back like, and everyone give an example, like one of the lads give an example that someone had spat on him, at the airport, like hearing stuff like that it's good to know how other people handle situations. (F1)

Others however had doubts about the therapeutic benefits of the team talks. For example one participant felt, "Sometimes it comes down to people's personal ways and the way they act, sometimes they won't talk about anything but that's just the way they are." (F9)

Mixed reactions from the men also occurred in response to selected structural characteristics of the programme such as contextual features, pacing, duration and content. For example, one participant asked whether the group would have benefited from talking about some issues in a classroom (or locker room) scenario rather than addressing all the topics on the football pitch, "If you had have done eh, a classroom scenario, at day 1, a classroom scenario half way through and a finalised shut-down class … it would have been interesting to monitor how things progressed." (F2) This was supported by participant F3, "(talking about game tactics)

is wasted on us in a classroom setting and I think the reverse is true, in that, it was kind of wasted on the football field, the life chat." With respect to pacing and duration of each session, a number of the men felt that in some cases the team talks were too long and consequently they got "cold" and lost interest, At a half time break you need a breather but sometimes it was going on for a bit long and you could feel yourself getting cold and tired and you just wanted to go back out and run again. (F9)

The issue of time also arose in relation to the length of the overall session with many of the men recommending longer sessions in the future. "I could have done with an extra half hour because there was a lot to squeeze in." (I2) "If there had been another half hour everyone would have been happy to keep going." (F7) Finally, some aspects of the programme content were highlighted by participants as deterring from their experience. Specifically, the men identified a couple of sessions in which they failed to understand the aim of the half time talk and therefore did not perceive any therapeutic gain. For example, participant F8 stated, "Maybe we did (take the message on board) and we didn't even know about it." Others were more negative, "didn't work for me." (F9)

Extended impact.

Participants described how prior to starting the programme they had low expectations for themselves in that they were uncertain about their ability to become involved with and enjoy an exercise programme. Many felt surprised at how motivated they were to engage in the programme once they started because this was contrary to their initial expectations and prior experiences with exercise programmes.

I was really motivated for coming up, I don't know, it was just the way you organised it, it just made me want to come up every time. I usually start something and em, you know, I might do a couple of weeks of it and then that's it, like go to the gym and get two or three good weeks out of it and that's it … but I think with this like, I reckon I could keep going for a year. (F8)

The majority of participants involved in the study reported feeling disappointed that their involvement in the 10 week programme had ceased. Consequently, a number of the participants organised amongst themselves to continue playing 5-a-side football together on a weekly basis, participant I2, "I don't think anybody wanted it to end … we were sad it was ending and wanted to keep it going, which we have, thanks to (F1), he's organised the football very well." The evidence of the bond that was created during the programme

between some of the men was still present post intervention away from the football pitch. For example, in our observations of the group dynamics of the focus group, we noted that the men gelled immediately and were able to settle and engage quite quickly into group discussion.

Interestingly, many of the participants indicated that they had continued to exercise post "BTN" but not necessarily playing football, "it's got me back playing tennis and stuff like that." (F2) "I play touch rugby now in a league, so there is some sort of sport going on but not particularly football." (I6) This would suggest that participation in the programme provided the impetus for some men to incorporate regular structured exercise into their lives. With respect to the potential longer term benefits gained from the mental health themes addressed, a number of participants indicated that relaxation/stress management was the one theme that they had applied to their lives. For example, participant F3 stated, "de-stress is the one that I remember…. I actually found that I am still leaving (work) at an earlier hour so, I don't know whether that was a subconscious message lodged with me."

DISCUSSION

This study explored participants' experiences of a 10 week pilot community mental health promotion programme (BTN) specifically targeted at young men. The qualitative results presented not only allow for a holistic evaluation of the programme but they also provide further depth of understanding to the adjunct RCT results (McGale et al., 2011). An important finding from this study is that sport (in this instance, football) was successfully utilised as a method to engage young men in a community based mental health initiative. More specifically, results suggest that the integration of sport and cognitive behavioural strategies formed the bases of a mental health promotion programme that was perceived as health enhancing, supportive, acceptable and enjoyable by a community sample of men. It is argued that any strategy that normalises problems, provides opportunities for reciprocity and preserves perceptions of competency and control should be effective in encouraging adaptive help seeking behaviour in men (Addis & Mahalik, 2003). The findings from this study indicate that the use of sport and sport metaphors can be used as an effective strategy to normalise life difficulties, foster competency and control and facilitate an interactive process of engagement in men. Although we did not examine formal help seeking per se, by addressing factors thought to moderate help seeking behaviour in men, the findings suggest

that the BTN programme has the potential to encourage informal support seeking in this population.

For many men, sport, either participation in or knowledge of, is an important source of their gender role socialization (Messner, 1992, 2002). For such men, the meaning ascribed to attending a mental health promotion programme based in a sports context is likely to be different than the meaning attached to attending other more formal avenues of mental health support. From a CBT perspective, the meaning an individual ascribes to the event determines their emotional, behavioural or physical response (Sage, Sowden, Chorlton, & Edeleanu,2008). In line with the literature (Pringle & Sayers, 2004), because men in our study viewed attending a sport context favourably, this normalised the experience of engaging in a sport based mental health promotion programme. In addition, findings from this study indicated that using football as a pretence made it easier for participants to open up and share personal experiences in the group discussions. This suggests that basing Socratic enquiry around sport metaphors normalised the weekly mental health theme and encouraged men to use what they knew about sport to address problems in day to day living. The utility of this method of psycho-education was reflected in the data, with some men indicating that they had continued to employ lessons learnt from the programme in their day to day life. Therefore for some men, the programme facilitated learning and the development of coping skills, both of which are indices of adaptive help seeking (Newman, 2008). Participants reflected that the coach made them feel valued and respected by creating an environment that emphasized each man's importance to the team. Factors linked to team involvement such as interpersonal reliance and social support provide opportunities for reciprocity and personal interaction with team mates. This in turn may help to mitigate masculine norms of self-reliance and increase men's openness to engage with others to obtain support. Participants also described experiencing changes in their confidence in their ability to exercise (i.e., their self-efficacy; Bandura, 1997). It is hypothesised that increases in an individual's self-efficacy may in turn impact on the person's autonomy, sense of control and their ability to cope with life (Craft, 2005; Faulkner & Carless, 2003: Paluska & Schenk, 2000). In line with the literature (e.g., Addis & Mahalik, 2003), by fostering positive psychological outcomes such as perceptions of competency and control, the sport context has the potential to engage men in minimal mental health interventions. Mental health promotion programmes have limited utility unless they are attractive to a wide sector of the community. The cooperative structure of the BTN programme increases the chances that this type of intervention will be attractive

to a range of masculinities rather than typical hegemonic masculinity (i.e., white, middle-class, educated, and heterosexual). In traditional competitive sports there is little relief from the pressure of evaluation and the psychological distress associated with perceptions of embarrassment, negative judgement and disapproval. In a cooperative structure, rewards are shared equally in the group andperformance is evaluated based on the collective achievements of all parties (Coakley, 1994). Research has shown that in cooperative environments individuals are more likely to learn how to share, empathise and work together (Orlick, 1978). In line with a cooperative ethos, participants recognized both personal and team development as important outcomes of the BTN programme. The men in this study reported that planning and engaging in exercise connected to immediate experiential change (i.e., increased feelings of enjoyment, mastery, positive affect). From a cognitive behavioural perspective, change in emotional state is an indicator of cognitive change (Bennett-Levy, 2003) and changes in cognition acts as the central mechanism of therapeutic change (Beck, Rush, Shaw, & Emery, 1979). This would suggest that both planning and engaging in exercise may have played a role in some of the cognitive changes reflected in both the qualitative and quantitative findings. Although it is agreed that the relationship between exercise and mental health is complex (Boone & Leadbeater, 2006), a number of possible interacting mechanisms of physical activity influence have been explored in the literature. For example, research suggests that context related factors such as the environment and social support play a role in the exercise and mental health relationship (Boone & Leadbeater; Crone, Smith, & Gough, 2006). While the findings from the RCT failed to find significant changes in perceived social support over the course of the programme, the qualitative results suggest differently. Participants reported increased perceptions of social support as a result of their involvement. These findings mirror other qualitative studies of people's experiences of increased perceived social support stemming from participating in exercise interventions (Crone et al., 2006; Hardcastle & Taylor, 2001). Participants also reported feeling more confident in their ability to exercise. In line with previous research, this finding supports exercise self-efficacy as a putative mechanism of change in the link between exercise and depressive symptoms (Bodin & Martinsen, 2004; Chu, Buckworth, Kirby, & Emery, 2009; White, Kendrick, & Yardley, 2009). Future researchers should continue to explore how factors such as self-efficacy and social support interact with other contextual variables (i.e., a competitive versus non-competitive environment) to explain the exercise and mental health relationship.

Strengths and Limitations

These findings make a significant contribution to the existing literature on men's mental health. To date there has been little mental health intervention research targeted specifically at males. Although studies have reported that sport contexts are attractive alternative venues for men's mental health initiatives (Pringle & Sayers, 2004) how or why the sport context facilitates positive mental health outcomes has not been systematically explored. In addition, very few pilot or main RCTs assessing the feasibility and effectiveness of complex interventions have included a qualitative process evaluation of one type or another (Lewin & Glenton, 2009). The BTN intervention was designed with the view that it could be adopted across a diverse range of sports/exercise activities. The results of our qualitative analysis suggest that the nature of the sport/exercise employed to deliver the BTN intervention is not necessarily critical to its success. Instead, a number of key structural and implementation features are far more central to the delivery of the programme. For example, the findings highlight the importance of emphasising cooperation between participants. Future intervention or studies of a similar nature should emphasise co-operation versus competition in the programme structure. Other key structural and implementation considerations include duration, pacing and ordering of the session components. Our findings suggest that 55-minute sessions were not long enough to integrate two therapeutic modalities and therefore negatively impacted pacing of the sessions. In addition, the ideal ordering of the components for an intervention of this nature remains unclear. Results suggest that the location of the group talk within the overall session should be revisited exploring the advantages and disadvantages of holding it before, during or after the session. Finally, all of the men gave positive feedback on the facilitator/coach. Some important considerations of this key member of personnel gleaned from participant feedback were that "he was one of them" and "ordinary." Interestingly, the men viewed the coach favourably because he did not exert a more traditional hegemonic male persona.

With respect to study limitations, participants involved in this qualitative research were representative of completers of the BTN in terms of age and average number of sessions attended. However this study is limited by including only those participants who completed the BTN intervention. It can be argued that the participants who adhered to the 10-week programme found it more enjoyable and experienced it more positively than those who dropped out. Therefore the results of this qualitative evaluation are potentially positively biased as the experiences of non-completers are neglected. It would be beneficial for future

evaluation of the programme to include the views of participants who failed to complete the intervention.

In addition, while we endeavoured to recruit men for the pilot RCT from the local community, a relatively socially deprived area, the range of ethnicities represented in the study is limited and most of the men were employed. Although qualitative studies are not meant to be generalizable, the lack of diversity in the sample and lack of overall volume of data raises implications for the transferability of the findings. Finally, it is likely that the programme attracted men who liked football, it would be interesting to conduct further work on the acceptability of this type of program to a wider range of men. Specifically, men from diverse ethnic groups and those who historically have no sport experience.

CONCLUSION

It is suggested that for many men, reluctance to access professional mental health services can be attributed to a mismatch between available service options and traditional masculine roles emphasizing self-reliance, personal control and autonomy (Addis & Mahalik, 2003). Participants' experiences of the BTN programme highlight the utility of using cooperative structures to engage young men in initiatives targeted at mental health promotion. In addition, the findings suggest integrating sport based exercise and CBT has the potential to provide support for men in the community who may not otherwise seek help or advice. Predictions by the WHO (2001) indicate that by 2020, depression will be second only to cardiovascular disease in terms of its impact on quality of life and years of life lost. This highlights the importance of a gendered approach to thinking about mental health promotion initiatives and how these initiatives are delivered (Addis & Mahalik; Tedstone, Doherty, & Kartalova-O'Doherty, 2010).

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