

Evaluating the effectiveness of mental health promotion interventions in Good Sports clubs

‘Evidence based practice and policy’ are the latest buzz words, promising rational and objective ways to inform policy-makers. Other buzz words recently added to the Alcohol and Drug (AOD) mix are ‘co-morbidity’ and ‘dual diagnosis’. These terms are applied to people with a coexisting mental illness (or mental health problem) and problematic substance use.

People diagnosed with a ‘dual diagnosis’ have brought the mental health and AOD sectors into the same ball park. The Australian Drug Foundation and Good Sports program has kept its eye on the ball. A pilot mental health promotion program in four Good Sports clubs (football, netball, tennis, bowling) has recently kicked off in Victoria.

The primary aim of the Good Sports program is to provide leadership and support to community sports clubs to manage alcohol responsibly. The pilot program will determine whether the Good Sports infrastructure is a suitable vehicle to also roll out mental health promotion programs.

Mental health promotion is a term that covers a variety of strategies and interventions that are designed to have a positive effect on mental health. There are a range of mental health interventions. Using health promotion jargon, some interventions are described as ‘upstream’ and others as ‘downstream’ health promotion interventions.

Upstream interventions are implemented early, before any signs of mental illness or distress. These programs promote a person’s ‘protective factors’ (more jargon), providing people with strength and resilience (yet more jargon) to deal with emotional and/or psychological stress. Examples of programs that are designed to promote protective factors include programs that focus on self esteem, problem solving skills, sense of belonging, and responsible drinking.

Examples of ‘downstream intervention’ are Mental Health First Aid courses which teach people to identify early warning signs of things going wrong for someone, and how to help them. Suicide intervention programs are another example of a downstream intervention.

It is timely to reflect on the type of evidence from mental health promotion interventions that will influence practice, policy and politics. Based on empirical evidence, sporting clubs are a focal point for positive and negative mental health factors. For example, there is evidence to indicate that participation in a community sport club improves mental health. However, there is also conflicting evidence to show that sports clubs can promote the misuse of drugs, particularly alcohol. In addition, some members of sports clubs may participate in activities such as bullying, racist, sexist and aggressive behaviour. Such activities and behaviours may impact on people’s mental health in a negative way.

Given the evidence, sporting clubs are increasingly being used as a site to implement mental health promotion initiatives. Coach the Coach, Read the Play and the Good Sports pilot program are examples of recent mental health initiatives that are currently being implemented in Victoria.

Although Coach the Coach, Read the Play and the Good Sports pilot program are all 'preventative programs', they have been developed using different health models and theoretical principles. The Good Sports pilot is based on community building principles. As such, the focus is on upstream interventions. In contrast, Coach the Coach and Read the Play focus on downstream interventions. For example, Coach the Coach gives Mental Health First Aid training to coaches in rural football clubs. The aim is to increase recognition of suicide risk and decrease suicide rates.

Within our current health care system, downstream interventions are much more common. So much so that some people refer to our health care system as a 'sick care system'. This has much to do with evidence. For example, there is empirical evidence that some men who are members of rural football clubs have committed suicide. The number of suicides can be counted. It will be a relatively straight forward exercise to obtain evidence to show that suicide rates have decreased.

What cannot be counted is the number of suicides that have been prevented from participation in a rural footy club. What can not be counted is the number of men who did not feel suicidal because of their involvement in a rural football club. According to Heather Ladson, a project officer on the Good Sports mental health promotion pilot program:

Country footy is by its very existence providing the biggest protective factor of all against mental illness. Hundreds of country people every week receive the benefits of football. Everyone – the gatekeepers, coaches, women in the canteen, scorers, umpires, players, and the kids walking the boundary with the raffle results – is touched by the warmth of country football. We get a sense of connectedness, belonging and self worth.

To have somewhere to go, someone who expects you to turn up on time, and someone with whom to discuss your troubles, or forget them, is invaluable. Country football is the avenue to share common ground in the face of adversity and has no doubt been the savior of many people over the years. So three cheers for our local football clubs. When it comes to resilience, we're on top of the ladder.

In terms of evidence, it is difficult to show policy makers that country football/netball saves lives. However, anyone who visits a rural community during the footy and netball season will be able to see for themselves the importance of a rural sports club. It may sound crazy, but football/netball clubs are the best mental **health** facilities in many rural communities. But will the evidence convince policy-makers? And what are the implications for practice?