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The Societal Effects of Sport in Northern Ireland: Examining Marginalisation and Mental Health Issues

Sport is an important part of the lives of many people living in Northern Ireland. According to DCAL/Sport NI figures spending in this sector equates to 2.3% of the region's annual GDP, adding approximately £638.6 million to the local economy. It is also a source of employment for 17, 900 people (Economic Importance of Sport in Northern Ireland report 2010). It is widely understood that sport and physical activity can make a contribution to the health and well-being of many of those that live in the country. Increasingly, however, sport has also been utilised to compliment broader social development initiatives in Northern Ireland, particularly within Greater Belfast. These are programmes that go beyond the use of sport for physical well-being to assist in addressing educational underachievement, deviance, isolation, unemployment and mental health concerns (Andrews and Andrews, 2003). Whilst it is undoubtedly a complex and challenging field it is timely to consider the possible impact of this work upon the lived experiences of those at whom it is targeted and reflect upon programmes currently operating here that appear to be successful in this regard.

For the most part initiatives of this nature are focussed upon young people considered 'vulnerable' either in regard to their current circumstances or, looking ahead; revealing the antecedents of socially undesirable behavioural patterns (Coakley, 2011). Theories of social vulnerability broadly refer to the distorted relations people have with institutions of society such as family, school, the employment market, health-care and youth justice system. Fundamental to this process is the progressive accumulation of negative experiences with such institutions, which eventually gives rise to social disconnectedness and an unfavourable future prognosis. Stigmatization, sanctioning and the self-perception of incompetence due to low ambitions, alongside a lack of achieved 'success', are often the net results for young people exhibiting a high degree of social vulnerability (Crabbe, 2007).

In the view of some, sports retain the potential to positively influence the culturally 'hard to measure' factors that are often the root cause of young people's social vulnerabilities (*ibid*). There are evidently a number of factors worth considering around the use of sport when engaging such young people, including those with mental health concerns. These address how the enforcement of rules within a given sport setting influences processes of respect and conformity; similarly the manner in which issues of commitment and status on the part of vulnerable youth are mediated

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depending upon the nature of the sports activity on offer; the important role of the coach/sports leader – specifically their own identity and personal life story – and how this may influence affection and attachment outcomes; the impact of the organizational context as a whole and its relationship with other key social institutions and finally, consideration of what might broadly be categorized as other ‘background characteristics’ (e.g. social class, levels of disposable household income and so forth) on participants’ response to any such sports-led intervention (Coalter, 2007; 2008 and 2010).

Sport in Communities

For many sport is seen as a social glue, which serves to cohere, build and strengthen communities, but this proposition, which underpins broader arguments about sports impact, remains largely untested (Green, 2008; Hartmann, 2001). There exists instead a general belief in sports potential for good, but a range of sport scholars have been sceptical of the blind faith of policy makers in this regard, by again referring to the lack of evidence for the causal link between sport participation and the raft of societal benefits associated with it (Houlihan, Bloyce and Smith, 2009). Sport organisations are often identified as important community settings in the creation and maintenance of these social benefits and outcomes (Kay, 2009). Moreover these results are in turn often aggregated across entire communities: capacity building; the reduction of crime and youth delinquency; empowerment of disadvantaged groups; improvements in confidence and self-esteem; and an increase in social integration and co-operation, are just some of the desirable outcomes of such interventions (Coalter, 2007). Thus, as Coalter (2007) has argued cogently, evidence for sports role in facilitating social outcomes of the types mentioned here is, for the most part, undermined by both conceptual and methodological weaknesses and little or no consideration of the conditions from which they actually emerge. For example, a primary failing in this respect is the routine monitoring and evaluation of such programmes, which is often inappropriate and thus its value in assessing the actual impact of such interventions upon those at whom they are targeted remains unclear.

Internationally, the United Nations (UN) has been to the fore in recognising the potential of sport to develop and improve societies. As they confirm, it is not the creation of new sporting champions and the development of sport *per se* that achieves this outcome but rather the use of sport to attain broader development goals. The UN inter-agency Task Force on Sports (2005) concluded:

“Sport brings individuals and communities together, highlighting commonalities and bridging cultural or ethnic divides. Sport provides a forum to learn skills such as discipline, confidence and leadership and it teaches core principles such as tolerance, cooperation and respect. ... When these positive aspects of sport are emphasized, sport becomes a powerful vehicle through which the United Nations can work towards achieving its goals” (p. 32).

However the evidence for such claims, it seems, may only just be emerging and it may be premature to assume that sports can deliver such a profound difference in a great many cases (Magee and Jeanes, 2013). On balance though there are various reasons to be hopeful. First the systematic and coherent use of sports has been shown to make an important, if measured, contribution to universal education, gender equality, poverty reduction, and the prevention of HIV/AIDs (Beutler, 2008). Second sport embraces a wide variety of activities that can be tailored to the interests and abilities of people of all ages and that can take place locally and at relatively low cost (Skille, 2011). Third, there is a growing body of evidence that sport is good for people who experience societal isolation and may, in some cases, be prone to mental health issues, a strand of enquiry considered in more detail later in this briefing paper.

However again three cautions also need to be advanced. Sporting activities have to be constructed as a means to an end, not just an end in themselves. For example, Hartmann & Kwauk (2011) are critical of the dominant vision of sport as a development tool as, in their view, it often merely reproduces established social relationships through unfocussed activities that can even prove counter-productive in delivering social change. Rather they argue for an interventionist approach

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in which sport becomes an educational tool for otherwise disempowered and marginalized young people. Coalter (2010) similarly proposes that it is the nature, quality, and salience of the sporting experience, or more specifically 'of the developmental experience within the sporting experience', that leads to social change. He identifies two types of programmes (Coalter 2007): *sport plus*, in which sports are adapted and often augmented with parallel programmes in order to maximize their potential to achieve developmental objectives; and *plus sport* in which sport's popularity is used as metaphorical 'fly paper' to attract young people to programmes of education and training but with the systematic development of sport rarely remaining as a strategic aim

A second caution again relates to the evidence base. Many of the studies published in this field have been conducted on small-scale, self-selected samples that may not be typical of the wider population (Houlihan et al, 2009). The people who instigate such novel schemes are often exceptional individuals with an enthusiasm and experience which exceeds that typically found among their peers. Moreover the chances of obtaining positive outcomes are boosted when the participants feel they are part of a special 'research' project. That said the positive outcomes achieved do demonstrate that success is possible. The challenge remains in recreating the circumstances that produced these results in the first place, rather than dismissing them (as is ordinarily the case) as unrealistic and unrepresentative.

A final caution relates to the variation found among persons with what might be termed 'life limiting potential'. The fact is the extent of a person's impairments affects society's attitudes to them. People with more severe disabilities, for example, tend to be viewed more negatively and conversely than those with mild impairments - i.e. they are more like other people and are viewed more positively (Antonak, 1980). Also people with more severe difficulties will find it much harder to be active participants in sports, so it is possible that sporting initiatives that claim to change attitudes are in fact restricted to less disabled persons and the non-disabled population at large, to complete this example (Darcy & Dowse, 2012). The risk is that persons with more severe disabilities, or other isolating limitations, become even more marginalised from sporting initiatives than they were prior to any such intervention.

Sport and Vulnerable Youth

For all the underlying scepticism and caution however, in the main there appears to be an emerging, credible body of literature reporting an association between organised youth sports and positive health-related, educational and social outcomes. This is specifically the case in relation to youth with lower capabilities for participation due to economic, cultural or social features, as sports are viewed as an opportunity to engage such vulnerable young people in a leisure context, not only in terms of participation in sports but also across a range of related activities (Haudenhuyse, Theeboom and Skille, 2014). For example, in a recent British cohort study, Feinstein et al. (2005) found that for vulnerable groups, sport club attendance at the age of 16 years reduced the chances of social exclusion outcomes at the age of 30 years. It is argued that wider benefits accruing from organized sports participation are stronger for disadvantaged youth with social and academic deficits and families residing in high-risk neighbourhoods. Moreover, it is indicated that sports-based practices engage the so-called 'harder to reach youth' better than alternative sociocultural practices (Crabbe et al, 2007).

Of those that adopt a more jaundiced view of sport however, popular opinions about its creation of positive values and behaviours (beyond mere participation) have been dismissed as 'deeply entrenched storylines.' Houlihan *et al* (2009) states that such storylines are not necessarily false, but their persistence and impact (dominant in public and policy discourse) is, again, not related to the quality or quantity of available evidence at this time. A simple illustrative example is the perceived benefits of regular participation in sport on the health of, for instance, school children, by politicians, policy makers and the public at large. If such programmes are not designed in such a way as to ensure adequate levels of frequency, intensity, duration and appropriate activity type then the actual recorded health benefits may fall somewhat short of the preceding claim.

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Similarly it might also be considered if socially vulnerable or disadvantaged youth somehow become less 'vulnerable' or 'disadvantaged' by partaking in certain 'sporting initiatives'. In this regard Bailey (2009) suggests it is reasonable to assume that certain principles and conditions need to be fulfilled for sports to generate any such desired social outcomes. Coalter (2008) argues that outcomes will equally be determined by the frequency and intensity of participation and the degree of participants' adherence over a prolonged period of time. Practitioners who work with socially vulnerable youth in a sport context may not, however, possess concrete principles that they can systematically integrate into their activities and programme designs. On this theme, Coalter (2010) argues that if sports-based practices are to contribute to broader social outcomes for socially vulnerable groups then there is also a clear need for education and training of those who design and deliver such interventions. Otherwise, for some, it is often uncritically assumed that sports participation in itself will contribute to processes around the (re-) integration and emancipation of such socially vulnerable youth. Ultimately what is broadly agreed about any social role of sport for young people is: (a) it does not occur automatically; (b) any interventions must take young people's needs and life situations as a point of departure; (c) sport activities work only if they are part of a broader and sustainable project; and, (d) outcomes will depend on the context and nature of participants' experiences.

When all of this is considered and aggregated, Coalter and Taylor (2010) conclude that sport programmes which adopt a street/youth worker approach, that are more person-centred than sports-centred, more youth work orientated than sport coach driven, are potentially more effective when moving towards broader social outcomes, such as addressing isolation and educational underachievement. According to the authors such programmes allow more in-depth, intensive and extensive social relationships to form. In seeking to bridge the dual role of the sports coach/ youth worker, it has even been suggested that it would be easier and more effective for youth workers to learn sports skills than it would for sport coaches to learn the skills of a youth worker. It is argued that sports coaches may not possess sufficient 'socio-pedagogical' competences to work with socially vulnerable youth towards broader outcomes, whereas youth workers in sports settings are viewed as lacking the necessary sport didactical and organizational skills to offer sport activities that engage young people. Clearly more research is needed in this realm to better establish the precise competencies required of adults employed in the 'sport for development' sector throughout Northern Ireland. Interestingly, when examining a range of UK and US-based sport inclusion programmes for youth, Green arrived at the conclusion that the most effective programmes in this regard are those that are markedly different from traditional sport interventions. In relation to young people in vulnerable situations, it is suggested that certain adolescents reject organised, competitive, mainstream sports, because such environments contain components similar to those that they have already failed to adequately negotiate e.g. adherence to formal rules, achievement of externally defined goals and testing situations in formal educational settings.

Sport for Development in Northern Ireland

In the case of Northern Ireland it is proposed that a realist synthesis approach be adopted to the assessment of certain 'sport for development' initiatives, as this requires information about both successful and unsuccessful interventions that use sport for more than 'sports sake'. Only then can the level of financial investment around the supposed social role of sport be adequately analysed and evidence produced that points categorically to the unique outcomes that may be achieved through the deployment of sporting interventions in a divided society. Otherwise there exists the benign presumption that sport can be used to help alleviate many of the social problems that exist within local communities in Northern Ireland - a metaphorical 'magic wand' to all of society's ills.

There are however some very useful programmes offered in Northern Ireland that are worthy of brief mention here. The Ulster Sports Outreach (USO) is a strategic initiative of the Ulster Sports Academy at the University of Ulster. USO is led by professionals in the area of physical education

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and sports development and facilitates a range of programmes aimed at widening access to sport and physical activity for young people across the province.

It works closely with the Sport Changes Life Foundation (SCLF). SCLF works with young people experiencing high levels of deprivation, educational underachievement and youth disorder. The foundation uses sport as a catalyst for inspiration and change. Its flagship programme eHoops is an intervention for young people not in (or struggling with) education, employment or training. eHoops provides a 6 month programme of sport and education at UUJ plus on-going one to one mentoring in the community. This programme is run in partnership with the PSNI, University of Ulster and community workers. SCLF has received funding from both DOJ and DEL for its work and has a base in Newtownabbey, Mersey St and Andersonstown (www.ulster.ac.uk/usa, accessed Feb. 5 2014).

USO and SCL also collaborate on The Youth Engagement through Sport (YES) programme. This programme aims to introduce young school going males (13-18 years old) from disadvantaged or underrepresented communities to the concept of Higher Education via a sport and physical activity, personal development and raising aspirations programme. Upon successful completion of the project participants will receive 2 University of Ulster CPPD module accreditations, Good Relations in Sport and Good Practice in Children's Sport

Sport and Mental Health

Current approaches for sport and mental health are three-stranded in nature. Firstly there is the promotion of sport and physical activity for all in light of the associated physical and mental health benefits reported between the two. Secondly there is the promotion of sport and physical activity as a viable intervention for those with mental illness, and finally there is a growing appreciation of sport settings being an active, large and engaging population through which mental health awareness can be communicated and exchanged across Northern Ireland.

Sport and Physical Activity for All

A large body of evidence exists which substantiates the link between sport and positive mental health and wellbeing (See Table 1 from Hughes and Leavey, 2012). Positive changes are reported in mood, vigour, energy, concentration, sleep, social interaction, self-esteem, confidence, serotonin metabolism, and endorphin release to name but a few. Coupled with associated reductions in negative thoughts and rumination, symptoms of anxiety and stress, fatigue, anger, tiredness, depression, chronic psychosomatic muscle tension, risk of Alzheimer's and Parkinson's, and symptoms of schizophrenia; it is understandable why sport is high on Government agenda (Sport Matters, The Northern Ireland Strategy for Sport & Physical Recreation 2009 – 2019).

Such evidence reinforces the general belief in sports potential for good, with little attention given to the potential negative effects physical activity can have on health outcomes (See Table 1). When performed more intensely at amateur elite, elite or professional levels, physical activity can compromise health. Overexposure has been linked to overtraining, injury, burnout, immunological suppression and infection, diabetes and eating disorders (Ljungqvist, Jenoure, Engebretsen, Alonso, Bahr, Clough, et al. 2009). Overtraining and burnout strongly correlate with affective disorders such as major depressive disorder (Peluso and deAndrade, 2005; Cresswell and Eklund, 2007). Moreover, injury, competitive failure, and retirement from sport precipitate depression in athletes (Peluso and deAndrade, 2005). With prevalence of overtraining reported between 20 and 60% in elite athletes, burnout reported for 10%, and eating disorders reported between 17.2% and 32% amongst males and female athletes respectively (Peluso and deAndrade, 2005, Cresswell and Eklund, 2007; Sundgot-Borgen and Torstveit, 2010)

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acknowledging the darker side of sport and physical activity is a necessity in having a realist synthesis approach when making policy decisions and planning public messaging.

The belief in sports potential for good has resulted in failure to routinely monitor and evaluate the impact of sports participation on wellbeing. Equally, the prevalence or incidence of mental health issues in the competitive sporting world in Northern Ireland has yet to be explored. Caution relates to the evidence base given that much of what we know has been derived from America or Australia, amongst student-athlete populations or professional/ elite athletes.

Sport as an Intervention Impacting on Mental Health

A scoping review undertaken by NISRA for DCAL in 2012 (Bateson) of the impact sports interventions had on mental health raised concerns from a policy perspective in light of insufficient evidence determining which types of sports programmes were best suited (Lubans, Plotnikoff and Lubans, 2012). Recommendations were made for DCAL to carry out an audit of current interventions being funded with the view of following best practice in effectively evaluating such programmes. This is surely a priority for Northern Ireland in ascertaining what is currently working well.

In areas where evaluating impact is known to be difficult, review findings often relate to uncertainty of data and methodologies, rather than providing substantive findings for policy and practice (Woodman, Thomas, and Dickson; 2012). Such was the outcome of the review undertaken by NISRA for DCAL, restricted to non-clinical interventions. Had clinical interventions been included in the review, it would have been observed that:

- both clinical and nonclinical populations benefit from physical activity (Walsh, 2011) in terms of either preventative or therapeutic benefits (compared favourably with pharmacotherapy and psychotherapy) (Dowd et al., 2004; Sidhu et al., 2009).
- Continuing debate surrounds the amount and types of physical activity needed for observed health benefits in both populations (Vancampfort et al., 2011).
- Both sets of interventions report impact on similar aspects of mental wellbeing (e.g. anxiety, depression and self-esteem).
- Both bodies of research recommend that exercise and physical activity should be but one element of an intervention approach (Vancampfort et al., 2011; Bateson, 2012) either as a preventative strand or as an adjunct treatment in the prevention, maintenance and treatment of mental problems (Holley, Crone, Tyson, Lovell, 2010).

The uncertainty of “what works” reinforces the need to follow through on recommendations made by NISRA for Northern Ireland based interventions to follow best practice in terms of consulting with experts in design of a programme (including target group, aims, use of traditional therapy techniques, having an holistic approach, involving participants in key decision, use of peer mentoring, promoting social relationships, ensuring enjoyment and longevity), and in terms of effective evaluation that will serve to inform future policy and provision of services in Northern Ireland (i.e. have clear aims of the evaluation process, use large sample sizes and report on levels of attrition, use RCT's, adapt appropriate frameworks for qualitative evaluation, produce outcome measures using appropriate tools, routinely report on data collection and analysis, be longitudinal, monitor negative outcomes as well as positive outcomes) (Bateson, 2012).

By following best practice and effectively evaluating programmes (both qualitative and quantitative) an evidence base, which is Northern Ireland specific will serve to shape and inform future sport and mental health initiatives.

Sport promoting mental health messages

The scoping review (Bateson, 2012) highlighted the potential role of the sport and leisure sector as a vehicle for promoting important mental health awareness and suicide prevention messages. Given the number of people currently involved in sport across Northern Ireland (both recreationally and competitively), there exists a large audience through whom DCAL's Arms Length Bodies can and have targeted to promote mental health messages. Bateson (2012) recommended DCAL carry out an audit of current interventions being funded through the department which is currently being completed through the 2012/13 DCAL research programme.

One such example of a programme offered in Northern Ireland is the "Mental health and Wellbeing in Sport" Pilot Programme. This pilot programme has been launched across 25 sporting clubs in Northern Ireland (Gaelic football, Soccer, Rugby, Golf and Boxing). Each pilot club is provided with a video featuring sporting idols, with the view to opening up discussion and breaking down stigma associated with mental illness. Each club also received a Mental health and wellbeing in sport toolkit (inclusive of training equipment with mental health messaging, posters and booklets). The aim of the pilot is to gauge the impact of mental health messaging in sporting environments. Feedback will be taken from clubs in order to plan further mental health support required from the Public Health Authority (PHA) or the need for specific mental health training to be given to sports managers, coaches etc. It is a collaborative approach from Sport NI, the PHA and sporting bodies to promote mental health and wellbeing as well as to educate and inform. Evaluation of the pilot is awaited.

Other collaborative programmes include:

- IMPACT campaign (Alcohol awareness promotion through sport)
- QUB GAA Festival Community Mental Health Awareness Event
- IFA Tackling Mental Health Through Football Conference

Further robust evidence is required to assess the impact of sport and mental health whether from a participation, competitive or educational and messaging perspective. Northern Ireland needs to effectively evaluate what works well, here.

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Table 1: Adapted from Hughes and Leavey (2012)

Positive and negative effects of elite sport on health outcomes

Adapted from Hamer *et al.*,⁴ Lisha & Sussman,¹⁰ Walker *et al.*,¹¹ Smith¹³ and Maffulli *et al.*¹⁴

Positive effects

Neurological

↑ neurological functioning (central norepinephrine neurotransmission, secretion of atrial natriuretic peptide, metabolism and beta-endorphins, availability of brain neurotransmitters dopamine, serotonin and noradrenaline, enhanced cognitive functioning and brain plasticity)
Increases peripheral catecholamine plasma levels which are associated with learning and memory improvements
Can reverse the effects of stress, depression and ageing on neurotrophic expression and neurogenesis in the brain

Mental

↓ incidence of dysthemic (mood and chronic depressive) disorders
Provides immediate psychological benefits (↑ mood, ↑ level of brain-derived neurotrophic factor acting just like a regular antidepressive drug)
↓ emotional distress and anxiety
Increased self-efficacy, mastery and self-concept

Physical

↓ incidence of somatoform (physical symptoms of mental disorders)
↓ risk of chronic disease and comorbid mental disorders, delaying the onset of neurodegenerative processes
(↑ circulation of pro-inflammatory cytokines that is normally up-regulated during a stress response that over time can increase immune system threshold for stress)

Negative effects

Neurological

Overtraining: body's up-regulation of acute inflammation resulting in the production of elevated levels of cytokines and cortisol levels

Mental

Psychological impact of injury (e.g. depression, low motivation, isolation, bereavement responses of denial and anger, loss of identity, loss of confidence, performance decrement)
Disordered eating: anorexia nervosa, bulimia and body dysmorphia
Burnout: ↓ mood and self-esteem, loss of confidence, exhaustion, depression/helplessness, withdrawal

Physical

Injury incidence: resulting in limb deformities, leg length discrepancy, susceptibility to growth plate injury, limited thermoregulatory capacity and maturity associated variation in young elite performers; increased risk of developing osteoarthritis and spine pathologies in former athletes
Overtraining: altered immune function including susceptibility to colds, flus and infection, gastrointestinal disturbances, headaches and muscle aches¹³
Athlete burnout – physical exhaustion, reduced performance accomplishment and sporting devaluation that serves to compromise future physical activity involvement. Symptoms include disrupted sleep, ↑ muscle soreness, chronic fatigue, ↑ incidence of injury/illness, and ↓ aerobic power
Risk-taking behaviours of sports people (e.g. hazardous drinking, driving while intoxicated, having unprotected sex and antisocial behaviour)
Increased risk for sudden cardiac death, respiratory symptoms, iron deficiency, increased incidence of allergies, immunological suppression and infection, gastrointestinal symptoms, diabetes mellitus

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