Counsellors' experiences of working with long-term injured players on behalf of the Professional Footballers' Association

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Abstract

The purpose of this study was to investigate counsellors' professional understanding of the long-term psychological consequences of injury in UK football players. Semi-structured interviews were conducted with 11 counsellors who were registered to work for the Professional Footballers' Association (PFA). The interviews examined the counsellors' perception of the relationship between long-term injury and presenting mental health issues, the antecedents to those mental health issues, and recommendations for psychological intervention following injury. The critical finding was the mental health problems regularly presented to PFA counsellors were often the psychological and behavioural consequences of long-term injury. Counsellors recommended that early and sustained psychological intervention with long-term injured players would act as a preventative measure against future mental health issues.

Keywords: Injury, Football, Mental Health

Literature Review

Although the prevalence or risk of mental health problems faced by current or former professional footballers is comparable to (Rice et al., 2016) or if not greater than (Gouttebarge et al., 2015; McManus et al., 2016; van Ramele, Aoki, Kerkhoffs & Gouttebarge, 2017) the general population, football is still coming to terms with mental illness. In the last few years there has been an increased awareness of mental health issues in football following high profile cases in the British game. For example, in 2014 former footballer Clarke Carlisle attempted to take his own life when struggling with depression and addiction to gambling and alcohol (Selby, 2015); and more recently, footballer Aaron Lennon was detained under the Mental Health Act due to a stress related disorder

("Aaron Lennon: Everton winger detained under Mental Health Act", 2017) and defender Steven Caulker has spoken openly about his struggles with depression and drinking (Fifield, 2017). A common theme across these three cases is that they all suffered from long-term injury in their careers.

The Professional Footballers 'Association (PFA) is the professional footballers' union in the UK whose aim is to "protect, improve and negotiate the conditions, rights and status of all professional players" ("About the PFA", 2015). The PFA offers a player well-being service giving current and former player's access to a counselling telephone helpline and a national network of 90 trained counsellors. The PFA have reported increases in the number of players seeking help and support for mental health issues following an increase in awareness of mental health problems ("Mental health: 'more and more' players seeking help", 2017). The counsellors are external to clubs and not routinely available to players. Footballers can be referred to counsellors via the PFA if they are facing mental health issues that are negatively affecting their daily functioning. To date however, no research has investigated whether or not there is a link between long-term injury and these issues.

The risk of injury in professional football is high. Research into injuries sustained in English professional football reported that on average, players suffer from 1.3 injuries per season (Hawkins & Fuller, 1999; Hawkins, Hulse, Wilkinson, Hodson & Gibson, 2001). Moreover, research has shown that major injuries (i.e. injuries that prevent players from playing for four weeks or longer) account for 23% of injuries sustained (Hawkins et al., 2001). It is clear that long-term injury regularly affects many professional footballers. Heil (1993) proposed that injury can impact an athlete's physical, social, emotional, and psychological well-being. Furthermore, that injury is associated with an increased risk of mental health issues.

There is overwhelming evidence that long-term injury increases athletes' vulnerability to mental health problems. Research has demonstrated that long-term injury can lead to psychological

issues such as depression, suicidal ideation, addiction, substance misuse, eating disorders, loss of identity and fear of re-injury (Clement, Arvinen-Barrow & Fetty, 2015; Putukian, 2016). Some of the key psychological risk factors will now be considered in more detail.

Depression and negative affect

Injured athletes display more depressive symptoms up to one month post injury in comparison to healthy athletes (Appaneal, Levine, Perna and Roh,2009; Trojian, 2016). Following an injury athletes often experience negative emotional reactions including anger, confusion, fear, anxiety and helplessness (Clement, Arvinen-Barrow & Fetty, 2015; Lentz et al., 2014). How athletes psychologically react to their injuries is related to the severity of their injury (Ruddock-Hudson, O'Halloran & Murphy, 2012). A study investigating Australian League Footballers found that players who sustained long-term injuries reacted much more negatively to their injury compared to those who sustained minor injuries (which only kept them from sport for a short period of time). Smith & Milliner (1994) found severity of injury to be the greatest risk factor for attempted suicide in their sample of athletes. Therefore the emotional consequences of injury, and the risks posed to the mental health of injured athletes, should not be underestimated.

Addiction and Substance misuse

Another common behaviour employed to avoid the emotional experiences of injury is addiction, either to damaging substances or to destructive behaviour patterns, such as gambling. Over the last 10 years, professional footballers have systematically overused prescription medication to treat injuries (Vaso, Weber, Tscholl, Junge & Dvorak, 2015). One example of this is the overuse of painkillers within the professional football community which may leave players vulnerable to dependency and other long-term health issues (Vaso et al., 2015). Consequently, researchers have called for more mental health professionals to work in sport to support athletes and help educate them about the consequences of long-term drug misuse (Reardon & Creado, 2014).

Another addictive behaviour of concern is gambling. Recent UK research has found that

gambling is a common part of life as a professional footballer (Lim et al., 2017). Findings have suggested that British professional footballers previously treated or currently being treated for this addiction often began gambling as young players amongst friends but it became problematic when continued by the player in isolation (Lim et al., 2017). Emotional challenges such as a decline in performance, contract releases, or injury increases the risk of problematic gambling. This supports findings from the NHS (2007) that men aged 16-24 engaging in gambling are at the highest risk of 'problem gambling'. Furthermore, the footballers interviewed by Lim et al., (2017) were reluctant to ask for help because they did not want to discuss their problems with other players or their managers. Gambling may become problematic following an injury because players may use it as a coping mechanism to deal with their emotional reaction to injury and their feelings of isolation. When recovering from a long-term injury, athletes often report isolation from the rest of their team (Gould, Udry, Bridges & Beck, 1997a). The psychological and emotional reactions to injury can be more severe if athletes feel isolated during their rehabilitation from injury (Clement & Shannon, 2011; Rees, Mitchell, Evans & Hardy, 2010). Resilience has been shown to be a protective factor for youth gambling behaviours (Lussier, Derevensky, Gupta, Bergevin, & Ellenbogen, 2007). Despite evidence that psycho-education programs can improve young players' resilience (Goldman & Gervis, 2015), psychology professionals are not often available in clubs or academies (Gervis, Hau, Pickford & Fruth, 2018).

Eating disorders

Stress, low self-esteem, and changes to lifestyle and activity levels during recovery leave injured athletes vulnerable to eating disorders (Sundgot-Borgen, 1994). The restriction that injury puts on activity means that athletes may turn to other methods of controlling their weight, for example through changes in food intake. Injured athletes may feel they do not 'deserve' food, because they are injured (Putukian, 2016). Moreover, research has shown that the pressure coaches put on athletes to fit into defined weight, body fat, or aesthetic ranges has the potential to damage an

athlete's mental health (Jones, Glintmeyer & McKenzie, 2005). These pressures can lead to restricted caloric intake with the potential to trigger, or exacerbate eating disorders (Tracey, 2003). Pressures such as these may lead to eating disorders if athletes feel unable to meet their coach's demands because of injury (Sundgot-Borgen, 1994).

Impact of injury on career

Fear of re-injury is common in athletes nearing return to training or competition, and this can be a barrier preventing athletes from a return to sport (Clement, Arvinen-Barrow & Fetty, 2015). Athletes suffering from fear of re-injury are at an increased risk of injuring themselves again (Ardern, Taylor, Feller & Webster, 2012). Treating fear of re-injury in athletes is important because 12% of total injuries sustained by players in Union of European Football Associations (UEFA) teams are repeat injuries and repeat injuries sustained result in significantly more missed days of training and play than first instance injuries (Ekstrand, Hägglund, & Waldén, 2011). It is important that a distinction is made between fear of re-injury and re-injury anxiety, as fear of re-injury is often used as a global term to describe both constructs (Hsu, Meierbachtol, George & Chmielewski, 2017). Re-injury anxiety is any negative thinking or worry about the consequences of the injury such as it ending a sporting career, or deselection. Forced retirement of this nature has been shown to be traumatic in itself (Fortunato & Marchant, 1999). Whereas fear of re-injury is the specific fear about the injury itself which can result in muscular guarding and heightened sensitivity surrounding the injury (Hsu et al., 2017). Moreover, non or poor rehabilitation adherence has been found to be characteristic of athletes experiencing fear of re-injury and prevent a sucessful return to sport (Arvinen-Barrow, Hemmings, Weigand, Becker, & Booth, 2007; Hsu et al., 2017).

Despite the widespread evidence of the many negative psychological consequences of long-term injury, psychological consequences are still routinely ignored because injury is still perceived to be only a physical condition (Hsu, Meierbachtol, George & Chmielewski, 2017; Tracey, 2003). Current clinical guidelines recommend a holistic and multidisciplinary approach to patient care

(Grey-Thompson, 2017; Moesch, Kentta, Kleinert, Quignon-Fleuret, Cecil, & Bertollo, 2018; NICE guidelines, 2009). Physical treatment in isolation is still, in the main, the norm for injured athletes (Tracey, 2003), and more recent studies indicate that this is still the case (Gervis, Hau, Pickford & Fruth, 2018).

The purpose of this research project was to interview PFA counsellors to determine whether long-term injury plays a role in the mental health issues which current and former professional footballers' experience. The PFA counsellors were chosen because they had expert knowledge and had worked most closely with footballers suffering with mental health issues and so this research project was carried out in partnership with the PFA.

Methods

Participants

A purposive sample of 11 counsellors, addiction counsellors, and psychotherapists approved by the PFA were included in this study. They were appropriately qualified in either counselling, addiction counselling or psychotherapy, but had no specific training in sport psychology. For simplicity all are referred to as 'counsellors'. All of the counsellors had experience of working with long-term injured PFA players ranging from 2 to 12 years (mean = 4 years), and between 2 to 50+ players. The counsellors reported working with both current and ex professional players, aged between 17-40+ years of age and with a playing career ranging from 5-20 years across all leagues. The collective experience of the counsellors represents a significant, global view of the mental health problems experienced by PFA members.

Procedure

Participant recruitment

After receiving ethical approval for the study from the Research Ethics Committee (Brunel University London), all counsellors were initially contacted through the PFA with a covering letter

explaining the research. Those who indicated a willingness to participate were then contacted by the researcher with further information about the study, including the participant information sheet.

Interviews

A semi-structured interview guide was developed through a review of the available literature and consultation with an expert in the area of athlete well-being and injury recovery. Informed consent was obtained at the start of each interview. Participants were asked to maintain the confidentiality of their clients by omitting identifying details, using pseudonyms if necessary. The counsellors were then anonymised and identified by number, with other identifying details such as locations or specific employment and/or training details omitted. Participants were asked questions regarding their professional background, and information about the number of PFA clients they had seen and their playing status (academy, currently playing or retired). In order to ascertain what mental health issues PFA members brought to counsellors and whether injury could have been a contributing factor in those issues, counsellors were asked about the mental health issues presented by players who had injury in their history, counsellors' interpretation of those presenting problems, and finally their opinion on the provision of additional psychological support for players immediately after injury.

The interviews were between 20 and 55 minutes in length. One participant was interviewed in person at their place of work while ten were interviewed by telephone due to participant availability and time constraints of the data collection period. As previous studies have shown (Sturges & Hanrahan, 2004), the difference in interviewing method was unlikely to alter responses.

Data Analysis

All interviews were recorded and transcribed verbatim by the second author. The transcripts were then analysed using Braun & Clarke's (2006) standardised thematic analysis protocol to identify patterns and common experiences, by adhering to their six stage process: (1) familiarise oneself with the data, (2) generate initial codes, (3) search for themes, (4) review themes, (5) define

and name themes, and (6) produce the report. The thematic analysis sought to identify the semantic themes arising from the data regarding injury as an antecedent of presenting problems encountered by the participants.

Discussion of Results

Counsellors were interviewed in order to understand player mental health issues in those who had experienced long-term injury. Initially interviews focussed more globally on the psychological problems footballers presented to counsellors. Having established that injury was a critical antecedent to the mental health problems presented, the interviews sought further to explore counsellors' views of the specific consequences of injury. Finally, the implications of increasing psychological support after injury were discussed. The thematic analysis of the data revealed three general dimensions. Each of the tables below presents the general dimensions. Subsequent emergent themes of the general dimensions are further discussed.

The first general dimension establishes the type of psychological problems identified in footballers who work with PFA counsellors. Four first-order themes emerged and will be discussed.

Table 1

Psychological issues identified by PFA counsellors

General Dimension	Emergent 1st order theme	Emergent 2nd order theme	Raw Data
Psychological Issues	Addictions	Gambling	*'Obviously I've seen people who- who have problems gambling, with addiction...usually gambling, because gambling doesn't show up physically...'* (C6)
		Substance misuse	*'...they come to us because they are drinking or taking drugs...'* (C10)
	Depression	Retirement	*'...footballers retire much earlier and... he just didn't have any kind of a plan so he went into... a depression...'* (C11)
		Identity outside of football	*'...some of it's trying to find themselves after sport...'* (C4)
	Relationship problems	Relationships outside football	*'...one was just in a- a bit of a bad place with his children, again with a relationship breakdown...'*

		(C5)
	Relationship with self	*'...relational difficulties particularly their relationship with their self...'* (C7)
	Relationships within football	*'...bullying's quite a common one...mainly by the managers really...'* (C1)
	Forced retirement due to injury	*'...had been had- forcibly stopped playing because of serious injury.'* (C9)
Injury	Transfer between clubs due to injury	*'...they do complain of feeling... like cattle you know like kind of moved around...'* (C8)
	Being injured	*'...he felt like the game that he loved had attacked him...'* (C9)

Counsellors were asked to describe the typical psychological issues presented by their PFA clients. The most commonly cited presentation was addiction. *'...compulsive... behavioural traits, such as gambling, er gambling seems to be quite a biggie and substance misuse obviously'* (C7), *'...not all of them present with substance misuse issues, er some of them present with gambling issues '* (C4). Substance misuse problems were often associated with retired players, while current players were more often reported to be addicted to gambling. Gambling is considered the easiest addiction to conceal, due to its lack of apparent physical symptoms (Lim et al., 2017). NHS data (2007) suggests that men aged 16-24 are at highest risk of becoming addicted to gambling, and several counsellors emphasised an increase in the prevalence of gambling addictions in recent years. *'there seems to be a, a big, er growth in gambling**...**you can hide it a little bit easier...you don't get tested when you're going to the training ground...'* (C4). These findings support the research of Lim et al., (2017) suggesting that gambling is an increasingly common part of life as a young footballer. Alcohol and drug testing may deter current players from substance misuse; however, this deterrent is not applicable to the retired player. This may go some way to explaining why counsellors saw more substance misuse problems in retired players, and emphasises the importance of player education at an academy level, as suggested by Goldman & Gervis (2015).

Depression was reported by all counsellors as a common presentation, either as a stand-

alone presenting issue or an antecedent or symptom of other presentations. Depression is a common mental health problem in the UK (McManus et al., 2016), therefore its prevalence in the accounts of the counsellors is not surprising. Several counsellors indicated that players may be disinclined to report feelings of depression to support staff such as medics due to fears that it would negatively impact their chances of selection. Participant C5 suggested that *'...they don't like to er, admit depression with the club doctors because obviously they fear for their career'.* This supports the findings of Lim et al., (2017), and suggests that depression may be under-reported and a larger problem than is currently realised. Depression is known to occur in football (Rice et al., 2016) yet professionals are not available in clubs to screen for this common mental health issue (Gervis, Hau, Pickford & Fruth, 2018).

Transitions including retirement and transfer were a significant theme in counsellor interviews. *'the ones I get are going to be the ones who erm failed to get promotion or were demoted or suddenly dropped...or who have retired or been retired through injury or age …'* (C1). Athletes' difficulties in adapting to retirement from football was a topic brought up by every participant. While many considered it an antecedent to other presenting issues, it was also highlighted as a stand-alone issue which players would bring to counsellors: *'...some people could just never make the transition...there was just nothing for them outside of football.'* (C6). Retirement was seen as a traumatic experience for PFA members regardless of the circumstances which led to it. Players typically enter the football system at a very young age, and even a lengthy career will see them retiring from the game while still young. If affected by injury, retirement may happen while a player is still a teenager. While previous research has suggested that forced retirement has the potential to be traumatic (Fortunato & Marchant, 1999), it seems that retirement may be more psychologically challenging for players than previously thought. This highlights the need for academies to help prepare players for a life after football.

When counsellors were asked how many of their PFA clients had experienced injury

estimates were as high as 100%, *'...I think they've probably all been injured in some way or another...'* (C4). This supports the evidence that injury in football is common (Hawkins & Fuller, 1999; Hawkins, Hulse, Wilkinson, Hodson & Gibson, 2001). Several counsellors reported that injury was linked to other psychological issues *'... I've seen a lot of people with injuries ...it- seems to go along with- with- with other difficulties as well, so there's often almost like a- like a pattern of things...'* (C6), *'between 90 and 95% injury plays a big part'* (C11). However, counsellors' estimates of the prevalence of injury were sometimes accompanied by dismissals of the significance of the injury, '*...that's part of their autobiography but it's not what's brought them to me.'* (C4). For professional football players injury is an inherent risk of the work environment, either in matches or in training (Hawkins & Fuller, 1999; Hawkins et al., 2001). The event of injury itself can be traumatic for players. However the consequences of injury can be short-lived, for example the shock of the initial event, or long-lasting, for example having to retire through injury. Although not all counsellors may see a direct link between injury and long-term mental health problems, there were marked similarities in the reported antecedents to mental health problems and reported consequences of injury. The consequences of injury as discussed by counsellors are explored in table 2.

Table 2

PFA counsellors' views of the psychological impact of injury on PFA members

General Dimension	Emergent 1st order theme	Emergent 2nd order theme	Raw Data
Psychological consequences of injury	Psychological Disruption	Depression	*'...that's when I think the depression sets in'* (C3)
		Loss of Identity	*'"oh well, who the hell am I? If I'm not a midfielder, who am I?"'* (C3)
		Lowered Self-esteem	*'... he had no idea other than that, identity as this professional footballer, who he was, he didn't have a second identity, so it really did damage his self-esteem...'* (C9)
		Loss of Future	*'...I think they can't get over the shock of... it's loss of the future.'* (C8)
		Emotional	*'... there was still a lot of grieving I think that he'd*

General Dimension	Emergent 1st order theme	Emergent 2nd order theme	Raw Data
		Disturbance	*done about what had been lost...'* (C7)
		Fear of Re-Injury	*'...somebody... who had an injury, recovered from it but it- it affected their confidence then it came back and they easily got injured again...'* (C6)
		Boredom	*'...it [injury] stops their career... And the boredom factor, they might go on to gambling.'* (C10)
		Gambling	*'...online gambling and so forth, it's very accessible...that's where their...disease or their unease or their- will come to manifest really'* (C6)
	Avoidant Behaviour	Substance abuse	*'... the addictions might be helping them avoid that injury...'* (C2)
		Avoidance of football	*'... not being able to watch a football game... he had to leave the room...'*
		Isolation	*'...their world is narrowed... they're now seeing the physio all the time and they're not getting in the team and they're an outsider...'* (C2)

PFA counsellors reported a number of fundamental facets of the psychological consequences associated with long-term injury which were consistent with previous research (Clement, Arvinen-Barrow & Fetty, 2015; Lentz et al., 2014*)* These fundamentals can be considered as two critical themes broadly described as either psychological disruption to player's lives or avoidant behaviours. These become the reinforcing consequences associated with long-term injury that the PFA counsellors identified which significantly contributed to their psychological distress.

Examination of the psychological disruption to players reported by PFA counsellors highlighted particular struggles with depression and grief. An example of this is illustrated by participant C3: *'they very often feel that they're failing**...**as a person, they very often feel its out of their control, they feel they don't know what's happening to them, they're very often depressed**...**sad, angry...''* This finding is consistent with a number of studies (Appaneal, Levine, Perna & Roh, 2009; Trojian, 2016) which found that depression is often associated with long-term injury. Depression is a vulnerable psychological state for anyone, and this evidence further strengthens the case for greater awareness and understanding of the psychological trauma that accompanies the physical

trauma of long-term injury. Whilst psychologists would acknowledge that it is considered ‘normal’ to react to trauma with grief, anger and low moods consistent with those reported by the participants, it is important to acknowledge that these psychological changes have long-term consequences. These can either result in a downward spiral into persistent mental health issues or can be the trigger for underlying problems to surface which may go undetected (Smith & Milliner (1994). This was evidenced by counsellors reporting that the football clubs assumed players had overcome injury once they were physically healed. *'Clubs find it much easier to sort of patch them up and put them back out on the pitch'* (C6). Clubs were not concerned with players' psychological recovery. This shows a lack of understanding of the potential vulnerabilities for players.

Fear of re-injury was identified by counsellors as being prevalent *'...if they've had an experience where it [injury]- it's unpleasant for them... they develop a fear of injury...'* (C2). This supports studies such as Hsu et al. (2017) & Clement, Arvinen-Barrow & Fetty (2015) , which have found that fear of re-injury can diminish the post-injury performance levels of athletes. Moreover, the persistence of this was reported as likely to increase players’ vulnerability to subsequent injury by changing their behaviour on the pitch, supporting the findings of Ekstrand et al. (2011). As one counsellor described: *'I think it impacts on them quite heavily, I don't think they are the same after a- an injury...I think they are more careful so it takes away their spontaneity.'* (C10). These findings suggest that it would be important properly to screen for fear of re-injury and ensure that if present, appropriate steps are taken to avoid returning to a fear evoking situation. Providing such mental health support to players after long-term injury would ensure that those players who return to training and matches are both physically and mentally fit and ready to return, Hsu et al. (2017). This would improve their personal performance post injury and reduce the number of re-injuries.

Further psychological disruptions identified by counsellors included loss of identity and lowered self-esteem. Counsellors reported that this was due to the normal culture of football where complete immersion in the sport from a young age is common and as a consequence they have a

one-dimensional view of themselves based on the cultural norms and all-consuming nature of football. This was summarised by a counsellor who reported: *'...the thing about injury in the professional game as far as I can see is that all of a sudden this identity that you had kind of constructed since you were well 12, erm is now completely de-constructed...'* (C7). The loss of identity constitutes a specific problem in its own right, and it can create other psychological problems such as addiction and depression *'...that's when I think the depression sets in, oh well, who the hell am I? If i'm not a midfielder, who am I?'* (C3) thus supporting the conclusions of Fortunato & Marchant, (1999).

Another critical factor that was reported by the counsellors was forced retirement due to injury or de-selection which was judged to be more traumatic than retirement after a lengthy career *'...they were injured early... And their dream was cut short...'* (C10). In cases where an injury is significant enough to end a player's career, counsellors reported problems with identity, accompanied by low self-esteem and isolation. As one counsellor reported: *'they've got to keep fit and they've got to perform...because they're a- they're in the team because of their skill and ability... so if they cant do that where does that leave them with their self esteem and confidence...'* (C2). This is consistent with the traumatic nature of retirement reported in previous research (Fortunato & Marchant, 1999).

The all-encompassing nature of being, or trying to become, a professional footballer is one of the reasons that retirement or de-selection has the potential to be traumatic for players. Several counsellors described leaving football as being similar to leaving the army: *'...they're like...soldiers you know they're kind of in this gang and then they're released...'* (C2). The implication then is that their network of social support is effectively removed (Podlog & Eklund, 2004). Furthermore, if a player is given a value as a footballer and subsequently suffers an injury and can't perform, the implication is that he or she is literally worthless. *'...I think injury actually is more than just injury, it's a fear of losing, or you know, not being valued'* (C2). Today players have a literal value placed

upon them by clubs. This was highlighted by counsellors as a reason players felt they were treated like a commodity, rather than a person, or even an employee *'... they're viewed as commodity first and people second...'* (C4). There is little research on this specific area of sporting culture, however it seems to have a significant impact on players' self-concept and potentially contributes to psychological distress.

The second overarching theme to emerge was avoidant behaviour. Engaging in avoidant behaviour may often be a reinforcing consequence. *'...actually the addictions might be helping them avoid that injury...maybe the addictions just to get through the injury'* (C2). The findings revealed that the most common expression of experiential avoidance identified by the counsellors was addiction, most notably gambling and substance misuse. One example of this was provided by counsellor C4 *'...I think gambling is almost getting to epidemic proportions now...'*. An explanation that was offered lies at the heart of the experiences of being a footballer. Examples were given of extreme highs such as scoring goals and positive crowd attention, and extreme lows such as injury, de-selection and negative crowd attention. This creates a constant state of emotional instability. One counsellor described players as: *'...dealing with that sort of massive up and down right from when they're real youngsters, it- it's something they're having to sort of learn to navigate massive sort of neurological highs and lows.'* (C7). Several counsellors suggested this instability inadvertently primes players for addiction: *'...they're really...sensitised...sort of neurologically primed for addiction for- for something that is full of a big charge of adrenalin and... then the massive discharge...'* (C7). The suggestion is that players are seeking the neurological highs and lows from gambling, sex, or substance misuse when they can no longer play due to injury. The implication of this finding is far reaching and suggests that psychological support should be routinely available as the inactivity experienced by players when injured may trigger an addiction, and this seems to gain support the findings of previous research (Lim et al., 2017; Vaso et al., 2015). This reinforces the need for psychological support as part of the athlete rehabilitation team (Hsu et al., 2017).

Further evidence of avoidant behaviours adopted to help alleviate a player's anxiety when injured included not talking about or watching television coverage of football. These avoidant behaviours also have serious implications for player's relationships. For example one interviewee reported *'his brother... [was also] a professional footballer and he literally couldn't have any conversations with him about it whatsoever.'* (C9). Furthermore injured players often withdrew from their relationships with team mates *'...some of them seem to end up in a bit of a vacuum...'* (C7), which may be depriving them of social support, which is known to be important for recovery (Clement & Shannon, 2011). It was found that this avoidant behaviour further contributes to the isolation felt by injured players and was symptomatic of the problems they experienced in coming to terms with their injury.

Three emergent themes were identified regarding the implications of increased psychological support post-injury. These were: potential benefits, potential barriers, and additional measures suggested by counsellors.

Table 3

PFA counsellors' opinions on the provision of psychological support post-injury

General Dimension	Emergent 1st order theme	Emergent 2nd order theme	Raw Data
Psychological support post-injury	Benefits	Holistic player care	*'...anything like that would always be a... holistic thing, well rounded support because... it will affect them in... all ways.'* (C2)
		Reduce adverse consequences of injury	*'...we're also there to help people through difficult times as they're going on so that they never get to a breakdown stage.'* (C9)
		Giving players a voice	*'...from a superficial level to a deeper level being heard and having somebody to be able to speak about the- the worries and the fears of...injury... is absolutely paramount.'* (C9)
		Improved Performance	*'What you will notice about sports people is that it will be reflected in their- in their um performance.'* (C8)
		Reduced stigma for psychological	*'...that would help them to see oh this is just part of the package... I haven't been singled out because... they think I'm not coping...'* (C11)

General Dimension	Emergent 1st order theme	Emergent 2nd order theme	Raw Data
	Barriers	Players not being ready for help	*'[immediately after injury] I don't know to what extent they would, effectively make a relationship with a counsellor, because they don't see a need to'* (C3)
		Another box to tick	*'...I've seen... audit culture flatten so much good work because people end up tied down with having to meet you know certain objectives...'* (C6)
	Additional measures	Earlier education	*'...really much earlier on before they, so that they already know how to use psychological support... and they have some internal resilience to, managing the period of injury...'* (C7)
		Wider awareness	*'...they do need to know what can happen, and the pitfalls and to have something else in place.'* (C10)

Many participants seemed to be operating under the impression that psychological support was readily available in clubs, and currently provided as a matter of course post-injury. As one counsellor describes: *'I've been really surprised by, how little- ...they might have had some physical support but how little psychological support they've actually had'* (C7). This supports the conclusions of Tracey (2003) that physical, not psychological treatment is the norm, and recent research shows that psychology professionals are not routinely part of the football environment (Gervis, Hau, Pickford & Fruth, 2018).

All participants reported that they could see the potential benefits of having more routinely available psychological support. This is exemplified by participant C8; *'I think it's imperative.'*. Within this first-order theme, five second-order emergent themes were identified. These included: providing a more holistic approach to player care, reduced stigma surrounding mental health support, giving players a voice and crucially, improved player performance and reduced psychological problems for players as a result of injury.

Counsellors suggested that by normalising and routinely having psychological support available this would both reduce stigma and improve the holistic care of long-term injured players. This would support current NICE Guidelines (2009) and recommendations made by Grey-Thompson (2017) and Moesch et al. (2018). Psychological support was considered to be lacking in players rehabilitation post-injury: *'... I think it's- it's an area that's missing to be honest'* (C5). Numerous studies have found both physical and psychological care to be important in recovery from injury (Arvinen-Barrow et al., 2007, Tracey 2003). However, this is not currently the case in clubs (Gervis, Hau, Pickford & Fruth 2018). The 'macho' atmosphere of clubs was seen to prevent players seeking help. Given that participants identified that this culture was reported negatively to impact on the likelihood of reporting mental health problems to staff there has to be a concern that much may be going unnoticed. As one counsellor points out: *'...it's not to say that clubs may not think that they have that opportunity for them, it's just that the players don't feel they can go and share that sort of stuff with the club.'* (C5). Having trained psychology professionals in clubs would provide players with a clear point of contact and help to normalise psychological support.

Counsellors suggested that an increase in psychological support would lead to improved performance post injury. One example from a counsellor's own experience: *'I saw him for 12 sessions and at the end of those 12 sessions he was fit again...last time I heard from him...he was doing really really well, very well.'* (C11). Research has previously shown that psychological support can improve quality of rehabilitation, and reduce the likelihood or re-injury on return to sport (Ardern, Taylor, Feller & Webster, 2012; Arvinen-Barrow, et al., 2007).

Some potential barriers to psychological support post-injury were recognised by counsellors. One counsellor suggested players may be in denial, or in a state of 'minimisation' immediately post injury, *'...at that stage, I don't know to what extent they would, effectively make a relationship with a counsellor, because they don't see a need to...'* (C3). Difficulties in making a successful therapeutic

relationship immediately after an injury would be mitigated by having psychological support staff embedded in club life, so that the therapeutic relationship already exists.

In addition to improved support post-injury, several counsellors discussed further measures to improve the long-term mental health of PFA members. Counsellors suggested that earlier psycho-education and intervention could help build resilience and give players the skills needed to cope effectively during their careers, and after their retirement. As suggested by previous research, the involvement of psychology professionals early in players' careers could enable interventions which reduce the risk of long-term psychological harm post-injury (Goldman & Gervis, 2015). Players could be supported earlier, rather than seeking help when *'...the wheels have come off.'* (C4). For this to be possible, psycho-education needs to be embedded in the culture of clubs at academy level. If psychology professionals were to become an integral part of club staff, counsellors suggested it may help normalise mental health support, reduce stigma and facilitate more open and regular contact with psychologists or counsellors.

This study and its results and conclusions are limited to the experiences of counsellors in the United Kingdom working with athletes who are members of the PFA. The players identified by counsellors are, by definition, those who are experiencing mental health problems. It is impossible to know the exact proportion of professional players they represent. The number of players experiencing mental health problems but who are not referred to mental health professionals through the PFA is unknown. It is clear, however that there are significant incidences of mental health problems in football, and that these regularly have injury as a contributory factor. Future research should seek the athletes' perspective; those who have suffered a long-term injury without professional psychological support, and those who had psychological support as part of their post-injury treatment. These experiences should provide a more detailed picture of the impact of psychological support on long-term injured athletes.

Practical Implications

From the findings of this study there emerges a number of clinical and practical implications for different practitioners, notably counsellors and sport psychologists.

Counsellors (Working outside of sport)

It is critical that counsellors working with athletes fully understand the different phases of injury and the subsequent psychological vulnerabilities, for example fear of re-injury will only occur when players are preparing to return to play. Secondly, it is important that counsellors working with depression or addiction screen for injury as part of the players' history. Thirdly, it is important that no assumptions are made about the rehabilitation process players are going through within the club, including psychological support (Tracey, 2003).

Sport Psychologists

As with the counsellors, sport psychologists need to have an understanding of the psychological vulnerability created by injury. Furthermore, it is critical that they develop effective working relationships with medical staff so that they can be routinely included as part of the rehabilitation process for long-term injured players. Thirdly, where possible psychologists educate athletes and staff including physiotherapists and coaches about the psychological challenges faced by long-term injured players with a view to change current practice.

Conclusions

This study investigated the long-term mental health implications of injury in professional footballers in the UK from the perspective of professional counsellors. The critical finding was that the mental health problems regularly presented to PFA counsellors were often the psychological and behavioural consequences of long-term injury. These included both psychological disturbances and avoidant behaviours such as depression, social isolation and addictive behaviours. However there was a lack of understanding of the specific psychological risks of injury, including fear of re-injury

and re-injury anxiety. In addition, counsellors lacked awareness of the paucity of psychological support within clubs. Furthermore, there was strong evidence advocating psychological support for players throughout their rehabilitation, and accordingly counsellors recommended improved psychological support embedded in the professional football environment especially following injury, both to reduce the stigma of working with a psychologist and to aid with early detection of psychological distress. Counsellors suggested that these measures would reduce the number and severity of mental health problems experienced by footballers, both in the short and long-term.

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