



FAQs

Below is a list of frequently asked questions related to Mental Health.

If you have any other queries, please contact Referee Development Officer- David Robinson or The Designated Safeguarding Officer- Ken D’Rosario

Q: Are there any circumstances when it’s permissible to break confidentiality?

You should consider breaking confidentiality (telling someone outside of your club or group), if the person is:

In immediate danger: if a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to seek such support – call **999**.

Physically present at a training event or meeting: You should act to get them support. This may involve contacting a mental health professional, or if they are an ‘adult at risk’, their emergency contact. You should already have an emergency contact in place for any adults at risk.

Planning to take action which will put others at risk: For example, stepping in front of a train, as this constitutes a risk of harm to others and you should call **999**.

In your view, at risk of abuse or neglect: If you think the person talking to you is at risk of abuse or neglect you should explain that you need to seek advice. You can call your local County FA Designated Safeguarding Officer or, in an emergency, adult services or the Police.

Under 18: If you think a child (under-18) is at risk of abuse or neglect you must report this either to your Club Welfare Officer, to your County FA Designated Safeguarding Officer or you can ring the NSPCC helpline for advice: **0808 800 5000**.

Q: I’m being treated for depression and sometimes feel a bit low. Should I carry on refereeing?

Yes, absolutely, if you feel ok to do so. We know that being active can help reduce the effects of depression, so carry on!

Q: I’m suffering from a mental health problem and not really feeling up to refereeing at the moment. What should I do?

You should tell someone you trust and make sure that your Appointments Officer knows you’d like to have some time off from refereeing and the reasons why. Your Appointments Officer should allow you the time you need to improve your mental health.

**Q: I've heard the term 'mental health crisis'. What does it mean?**

A mental health crisis is when an individual feels their mental health is at breaking point. For example, they might be experiencing:

- Suicidal feelings or self-harming behaviour
- Extreme anxiety or panic attacks
- Psychotic episodes (such as delusions, hallucinations, paranoia or hearing voices)
- Other behaviour that feels out of control, and is likely to endanger themselves or others

Q: I, or someone I know, have experienced mental health problems and have found certain treatments helpful. Should I recommend such treatments to someone else?

No. It is not your role to recommend specific treatments as you are not clinically trained (unless you are a mental health professional) and it is outside the boundaries of your role as a coach/manager. It is okay to talk about your personal experiences and how you manage your mental health – that's to be encouraged. If you have found a treatment was helpful for you then it's fine to talk about it as it could be useful to the other person – but don't specifically recommend it. That's because what worked for you may not necessarily be helpful or appropriate for somebody else. It is important to gently encourage people to get advice from their doctor.

Q: I'm a mentor. What if one of my referees rings me randomly and says "I'm depressed"?

If they are starting off in such an upfront way, and being very open and honest, this might suggest that they are happy to have an open conversation so you could respond by asking if they are comfortable with telling you a little more. You don't need to be an expert on mental health to offer support. In this instance your response may depend on how well you know the person, but whatever the relationship you have with the person they are reaching out to you for your support. Try and follow the tips in these guidance notes. The main response should be to make the time and space to have a conversation about how they are feeling and signpost to appropriate support.

Q: I'm refereeing really well at the moment and am in line for a promotion. But I have a mental health problem and am not able to focus fully on refereeing. What should I do?

In the same way that you should not referee unless you are physically fit, you should also consider not refereeing unless you are mentally fit. Your performances could suffer, your observation and club marks may drop and you'll end up not getting promoted anyway. Instead, tell someone you trust how you are feeling, let your Appointments Officer know and take sometime away from refereeing.

ACCEPTABLE LANGUAGE

It is important that your language is as inclusive as possible. People have different ways of describing their own mental health and it is important that, where possible, you follow their lead, especially when communicating one to one.

Mind advises using the phrase ‘mental health problems’ when talking generally about the subject, although some people and organisations prefer to use the terms ‘mental health conditions’ or ‘mental illness’.

However, certain language can cause offence and may be inaccurate when used in news stories, in publications, posters and fliers, documents or in everyday discussions. Here are the most common, as well as some alternative suggestions.

Avoid Using:	Instead Try:
‘a psycho’ or ‘a schizo’	‘a person who has experienced psychosis’ or ‘a person who has schizophrenia’
‘a schizophrenic’ or ‘a depressive’	someone who ‘has a diagnosis of’ is ‘currently experiencing’ or is being treated for ‘schizophrenia or depression’
‘lunatic’, ‘nutter’, ‘unhinged’, ‘maniac’, ‘mad’	‘a person with a mental health problem’
‘the mentally ill’, ‘a person suffering from’ ‘a sufferer’ a ‘victim’ or ‘the afflicted’	‘mental health patients’ or ‘people with mental health problems’
‘prisoners’ or ‘inmates’ (in a psychiatric hospital)	‘patients’, ‘service users’ or ‘clients’
‘released’ (from a hospital)	‘discharged’
‘happy pills’	‘antidepressants’, ‘medication’ or ‘prescription drugs’
‘committed suicide’	‘took their own life’ or ‘completed suicide’

Other common mistakes:

- ‘Schizophrenic’ or ‘bipolar’ should not be used to mean ‘two minds’ or a ‘split personality’.
- Somebody who is angry is not ‘psychotic’.