Reducing the Stigma of Mental Health in Elite Sport: An Investigation of Mental Health Literacy and Attitudes Towards Help-Seeking in Current and Retired Professional Athletes

By

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For Jessica and Oscar.

The sunshine of my life.

The world is made all the brighter with you in it.

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Abstract

There has been a significant body of literature over the last decade that has focused on the growing prevalence of common mental disorders in elite athlete populations. This literature has provided the foundations for many other researchers to begin to develop focus on various concepts and phenomena associated with athlete mental health. However, within this body of literature there is a limited number of sources that have investigated the experiences of elite athlete mental health. The overall aim of this PhD was to explore experiences of athlete mental health and provide understanding of the potential antecedents associated with developing a common mental disorder in elite level sport, develop practical applications in treatment and referrals, contribute to future research, and reduce the stigma of mental health issues in elite level sport.

Study One

The aim of this research was to explore the mental health experiences of retired professional athletes. The study builds on existing sources that had developed the prevalence of common mental disorders in elite sport and sought to delve deeper into how elite athletes experience 'mental health'. The study provided a novel insight of an often difficult to obtain participant sample and recruited four ex-professional athletes. Each participant was purposively recruited for the study and was selected based on the following inclusion criteria: 1) Participants must have been diagnosed with a common mental disorder during/post-career, 2) Participants must have competed to the highest possible level in their respective sport and achieved some success, e.g., won a major honour and represented their country. The four participants that were recruited were two retired English Premier League footballers, one retired rugby player, and one retired cricketer. Each participant had achieved the highest elite level in their sport, representing their country at a major tournament, as well as achieving domestic success with their club. Each participant took part in a semi-structured interview that ranged from 39-88 minutes. Once data was collected, interviews were transcribed

verbatim and analysed using Braun and Clarke's (2006, 2013) six phases of thematic analysis. Four main themes were found, (1) *Injuries Affecting Mental Health*, (2) *Transitional Effects on Mental Health*, (3) *Identity Crisis Leading to Mental Health Issues*, and (4) *Coping Strategies to deal with Mental Health Issues*. The findings indicated that athletes had suggested that retirement from sport, long-term or severe injuries, maladaptive coping mechanisms and identity crises either led to a common mental disorder or exacerbated a pre-existing common mental disorder. These findings outlined recommendations for enhancing mental health literacy in elite level sport, as well as also improving referral systems and the availability of professional support services to raise awareness and reduce the stigma of mental health in elite sport. This could improve the understanding of how mental health is perceived in elite level sport and how the stigma of this in professional sport has caused barriers to help-seeking in elite level athletes.

Study Two

As outlined in study one, several key themes were defined in accordance with retired athlete experiences in professional sport. As the study was exploratory in nature it was decided that the second study would seek to theorise and provide a greater sense of generalisability to the professional athlete population in the UK. To that end, the second study adopted a quantitative approach using a questionnaire specifically designed for the purposes of the study. Upon reflection, and in-keeping with the themes of study one, it was decided that the use of a non-validated questionnaire designed from the findings of study one would offer greater scope to investigate experiences of mental health in elite level sport, compared to the often-investigated prevalence of mental health issues in elite sportspeople. From this, study two aimed to add validity and reliability to study one by sampling a larger population sample of both current and retired elite athletes in the UK. Participants were recruited purposefully based on their expertise with some participants being contacted directly based on a pre-existing relationship with the researcher, and through social media

platforms. Of the 155 participants that were contacted a total of 102 current and retired professional athletes from 15 different sports agreed to participate in the study. The sample was primarily made up of males (n=79, 77.45%) with 22.55% of the sample being female (n=23). Similarly, the sample was mostly retired athletes (n=74, 72.55%) versus current athletes (n=28, 27.45%) who completed the questionnaire. Of the 102 athletes who participated in the study 83.33% (n=85) of the sample agreed that they had suffered with a common mental disorder (CMD) in their career with 16.67% (n=17) of participants disagreeing that they had never suffered with a CMD during their career. Five scales of the questionnaire were measured, the scales were, Mental health, Long-term injuries, Transitions, Identity, and Coping. A combination of Cronbach's Alpha, independent samples t-test, ANOVA and multiple linear regression was used to conduct the analyses of the data. The results indicated several significant relationships across the five scales. Long term injuries were found to have a significant relationship with Identity ($r=.23$, $p=.021$), Transitions ($r=.42$, $p<.001$), and Coping ($r=.25$, $p=.012$). Identity was also found to be significantly correlated with Transitions ($r=.23$, $p=.020$), and Coping ($r=.31$, $p=.001$). Transitions and Coping ($r=.25$, $p=.011$) and Mental health and Transitions ($r=.22$, $p=.025$) were also found to be significantly correlated. The findings of the study demonstrate the significant impact that injuries can have on elite athlete mental health, suggesting that athletes are improperly equipped to cope with this major event. It was shown to have considerably negative implications on their identity and is also negatively associated with retiring from sport, indicating that athletes who are forced to retire through injury are not psychologically prepared to do so. In support of existing literature, the results indicated that athletes facing retirement from sport are likely to have difficulty coping and are not sufficiently supported during this transition as they face a greater likelihood of experiencing identity crises. Furthermore, elite athletes are suggested to be more at risk of suffering with a common mental disorder once they have retired from professional sport. Overall, the findings indicate that athletes are less likely to seek appropriate support for a common mental disorder or depressive symptoms whilst they are

playing and are more likely to experience significantly negative psychological effects when faced with a long-term or severe injury. These findings provide implications for enhancing the professional support provision of athlete mental health within professional sport, and subsequently developing effective aftercare programs for athletes who have retired from sport.

Study Three

As a result of the findings of study two, study three took a different direction in its focus. The findings from the first two studies were indicating prominent themes relating to help-seeking behaviours and willingness to engage with professional support services within elite environments. The stigma associated with seeking-help which has been identified in previous literary sources was further found to be a prominent issue in both study one and two. Consideration of these findings in the context of the existing literature has indicated a need to explore the professional support provision in elite level sport specifically focused on addressing mental health and common mental disorders. Existing research has often focused on support provision (E.g., sport psychologists) being used in elite sport for the purposes of developing and enhancing performances. Based on the previous findings of study one and two it was decided there was a further need to establish understanding of professional support provision in relation to wellbeing and mental health in elite level athletes. In total, 30 practitioners, consisting of sport psychologists, clinical psychologists, and psychiatrists working in elite level sport were purposefully recruited for the study. Of these, 18 participants agreed to participate. Once participants had consented to participate, remote semi-structured interviews were conducted via Zoom. Interviews were audio recorded and lasted between 33-82 minutes. Once data was collected interviews were transcribed verbatim and then analysed using a thematic narrative analysis approach. Several themes emerged across participant stories with three key themes identified as, (1) Athlete Mental Health Literacy, (2) Athlete Mental Health Issues, and (3) Existing Mental Health Provision. Associated themes in relation to each of the three

key themes were also identified. The findings of the study indicated the existing disparity between mental health support provision and performance-driven provision in elite sport with many practitioners discussing the issues of stigma, avoidance in help-seeking behaviours, issues with elite sport cultures and providing future recommendations for further enhancement in delivery and training to address these issues. Based on these findings two main implications are discussed. The first, a triangulation of practice to develop more accessible and reliable referral systems for athletes suffering with a common mental disorder. This is specifically focused on the collaboration of Sport Psychologists and Clinical Psychologists in addressing these issues in elite athletes. Secondly, the development and integration of a designated player care role which is established organisationally from sporting National Governing Bodies that will focus on developing both physical and psychological care in elite athletes. This role would establish parity across the multidisciplinary team in elite sport to enhance the awareness, education, and intervention of mental health issues in elite sport environments. The secondary aim for the player care role is by establishing this as a requirement that is consistently employed across sporting clubs, teams, organisations, etc., awareness and education of mental health and common mental disorders will help reduce the stigma associated with these issues.

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Chapter 1: Background

Definitions

Throughout the course of this thesis the below definitions are used interchangeably in relation to the discussion, and explanation of, mental health in professional sportspeople. As Brady (2021) outlines, the nature of 'wellbeing' considers a broad explanation of physical, psychological, and social states whereby anyone can thrive and flourish. In contemporary discourse, mental health, common mental disorders, and wellbeing are frequently used interchangeably as a means of showing the differences in managing both the positive and negative ends of the continuum of psychological wellbeing and mental health. Researchers have shown that poor psychological wellbeing can impact negatively on mental health, and so the two terms can be both distinct and dynamic as they have been shown to have a causal effect on one another (Brady, 2021). In this manner, wellbeing, common mental disorders (CMDs) and mental health definitions recognise that these can be complex, multifaceted processes for athletes to experience. Therefore, the use of managing one's wellbeing, or indeed, their mental health positively, can help prevent common mental disorders and aid athletes in flourishing in these high-performance cultures. This is to say that wellbeing and mental health can be influenced and defined depending on the culture in which they are used – both positively and/or negatively (Diener, Lucas., and Oishi, 2018). Hence, we may use these terminologies interchangeably.

Mental Health

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in." (World Health Organization (WHO), 2022).

Common Mental Health Disorders

Common mental health disorders are a sub-category of the broader term of 'mental health'. The terminology is focused on understanding the negative consequences of debilitating mental health conditions and can include numerous symptomologies and diagnoses based on the individual's condition. The WHO (2022) provides arguably the most contemporary definition of a mental health disorder:

"A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm."

Below is a list of the most common mental health disorders across the general population, as provided by the WHO -

- Anxiety disorders
- Bipolar disorder
- Depression
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Eating disorders
- Disruptive behaviours and dissocial disorders
- Neurodevelopmental disorders

Common Mental Health Disorders in Sport

Further to the definition provided above, in the context of professional sport there has been a significant rise in the number of current and retired professional athletes suffering with common mental disorders (Schinke, Stambulova, Si and Moore, 2017). However, per the International Olympic Committee's (IOC) consensus statement (2019), athletes are reported to suffer with several unique, environmental/cultural related common mental disorders alongside some of those listed above. In addition to the disorders listed above by the WHO, below is a list of the most common mental health disorders outlined by the IOC consensus statement (Reardon, Hainline, Aron, Baron, et al., 2019) that professional athletes are most likely to suffer from. Interestingly, some of these were not identified by the WHO but were outlined to be of significant risk to an elite athlete's mental health. This is argued in the consensus statement to be related to several unique stressors professional athletes are most likely to encounter, thus leading to athlete populations most commonly suffering with one of the below common mental disorders versus general populations -

- Sleep disorders and sleep concerns
- Major depressive disorder and depression symptoms
- Suicide
- Anxiety and related disorders
- Post-traumatic stress disorder and other trauma-related disorder
- Eating disorders
- Attention-deficit/hyperactivity disorder
- Bipolar and psychotic disorders
- Sport-related concussion
- Substance use and substance disorders
- Gambling disorder and other behavioural addictions

Wellbeing

As outlined above, the WHO define mental health as a state of mental well-being that enables an individual to cope with the daily stresses of life. Beyond this there are numerous debates about what the specific nature of 'wellbeing' is, but many agree that the term itself can be deconstructed to determine its specific focus i.e., 'being well' in oneself. In more recent research, Kuettal and Larsen (2020) defined both mental health and well-being in relation to each other when discussing a new definition in the context of elite level sport -

"*Mental health is a dynamic state of well-being in which athletes can realize their potential, see a purpose and meaning in sport and life, experience trusting personal relationships, cope with common life stressors and the specific stressors in elite sport, and are able to act autonomously according to their values."*

Thus, it is argued, that wellbeing is a positive component of 'mental health' and maintaining one's wellbeing is to also consider one's mental health positively. This is to say that should an individual suffer with low psychological wellbeing, then it is also expected that the individual would likely experience symptoms of a common mental disorder as their mental state begins to languish. The reverse of this can also be argued, that maintaining positive psychological wellbeing would prevent or lessen a mental health issue becoming unmanageable.

Introduction

Understanding surrounding the term 'Mental Health' has been somewhat problematic, due to the often-negative perceptions associated with mental health, research surrounding this can frequently focus on the negatives, such as prevalence and depressive disorders. Henriksen, Schinke, Moesch, McCann, et al., (2020) has called for future research to focus on the more positive elements of mental health to facilitate a more adaptive organisational structure in relation to improving the practical applications of mental health in sport. In response to this argument, Kuettel and Larsen (2020) proposed the following definition for future researchers focusing on mental health in professional sport to build on: "*Mental health is a dynamic state of well-being in which athletes can realize their potential, see a purpose and meaning in sport and life, experience trusting personal relationships, cope with common life stressors and the specific stressors in elite sport, and are able to act autonomously according to their values."* The definition opens a more understanding and receptive model to mental health in sport, a topic which has frequently been stigmatized in general populations and the elite sport environment. The aim of this chapter is to outline the existing understanding of mental health literature in the context of professional sport to identify areas for development in relation to enhancing practical applications of mental health research in sport.

For a long time, stereotypes and misconceptions surrounding mental health were perpetuated through three key factors: sociocultural perspectives (stigmas develop to justify social discrimination), motivational biases (stigmas develop to justify individual action), and social cognitive theories (Corrigan, 2000). Therefore, these misconceptions and stereotypes are identified as stigmatisation. This is to say that the sociocultural perspectives of an issue or topic develop through discrimination of said issue alongside the ill-conceived beliefs of individuals in society, leading to general populations (Social cognitive theories can then develop based on this lack of

literacy, E.g., mental health stigmatised as meaning ‘ill-mental health’). For instance, misunderstanding surrounding mental health is typically associated with negative stereotypes of appearing vulnerable or weak (Sinden, 2010). Furthermore, stigma as a term refers to ignorance (an absence of knowledge), prejudice (attitudes) and discrimination (behaviours), indicating that stigma is a sign of disgrace, eliciting negative attitudes to the bearer (Thornicroft, Rose, Kassam and Sartorius, 2007). Indeed, if attached to an individual with a mental health illness, this can lead to discrimination, indicating a need to enhance the population’s knowledge and understanding of mental health and common mental disorders to reduce stigma of the issue. In more recent years, stigma has greatly affected the understanding of mental health in general populations, and thus more specific definitions of mental health stigma have been developed to help understand and establish the perceptions of the terminology. In this regard, mental health stigma can be categorized in several ways: (1) the experience of actual discrimination on the part of the person affected, (2) negative attitudes towards the people affected, (3) self or internalised stigma, and finally, (4) discriminatory and stigmatising practices in health services, legislation, and media (Van Brakel, 2006). The associations of the varying degrees of stigma an individual may perceive or be under the perception of can affect their ability to engage with relevant health services and seek help for any underlying mental health issues. For example, fear of being judged or the perception that having a mental health issue is associated with ‘weakness’ or threatens an individual’s ideals of themselves can inhibit the desire the seek out help, particularly in males (Brownhill, Wilhelm, Barclay & Schmied, 2005; Chuick, Greenfield, Greenberg, Shepard, et al., 2009). Due to this, help-seeking, and attitudes towards help-seeking are significantly impacted. as people believe the stigma associated with mental health will be perceived negatively and therefore impact their willingness to seek help (Clement, Schauman, Graham, Maggioni, et al., 2015). Building on this understanding of the general population allows us to generate further questions in relation to elite level sport, and

how attitudes towards help-seeking and the perceptions of mental health stigma have impacted these beliefs, behaviours, and attitudes in high performance environments.

The world of elite sport has had a consistent issue with stigmatisation of mental health issues, with arguments suggesting elite sport has often put the 'physical' before the 'psychological' (Schwenk, 2000) to the detriment of elite athlete wellbeing. This attitude and stigma towards mental health and common mental disorders, however, has arguably improved somewhat over recent years. Many well-known athletes have openly discussed their experiences of various mental illnesses upon their retirement. This could provide some understanding as to why there is more openness in relation to reducing the stigma associated with mental ill health in professional sports. Although stigma is very steadily being combated across the general population – and to some extent, even slower in professional sport – there is still an issue with the prevalence of mental health symptoms and disorders both from a general population perspective, and an athlete population perspective.

The World Health Organization (2021) reported that approximately 280 million people worldwide suffer with depression, estimating that 5% of the world's population suffer from this common mental disorder. The same report also highlighted that depression is the leading cause of disability worldwide suggesting there is a global burden of the disease as current action, prevention and treatment strategies are significantly undervalued and underfunded. This significant spike in cases over recent years is reflective of the increased attention and awareness the topic of mental health needs to provide enhanced prevention, treatment, and education of the issue (Vella, Swann, and Tamminen, 2021). To refine this even further, there are arguments that the prevalence of mental health issues in athlete populations is growing, and arguably the professional athlete population has now become a more at-risk group compared to the general population (Åkesdotter, Kenttä, Eloranta, and Franck, 2020; Gorczynski, Coyle, and Gibson, 2017; Kuettel, Pedersen, and Larsen, 2021;

Nixdorf, Frank, Hautzinger, and Beckmann, 2013; McLoughlin, Fletcher, Slavich, Arnold, and Moore, 2021).

The understanding of mental health and common mental disorders has seen significant growth in recent years. Keyes' (2002 & 2005) research defines the continuum of mental health model, outlining that mental health can fluctuate between flourishing; to be completely mentally healthy, and languishing; to have physical, and/or psychological impairment, which can impede emotional health, limit activities of daily living and can affect work-related livelihood. In this definition, 'Flourishing' is described as an overall function of positive well-being, including emotional states, psychosocial well-being, and daily functioning. On the other hand, 'Languishing' is described as the lack of – or absence of – these factors, and generally being described as 'feeling empty'. This approach to mental health has become a much more common understanding as the literature affords the clarity that mental health or mental ill health does not equate to any individual being defined as either being mentally ill or mentally healthy, but the continuum model suggests that mental health and mental illness are two interchangeable, but related spectrums and that individuals can fluctuate between continua. The previous dichotomy surrounding this perception is removed through Keyes' (2002 & 2005) definition of the continuum of mental health and provides a much more flexible approach to understanding individual experiences of mental health, both flourishing and languishing. For example, to put this in sporting terms, athletes may suffer a defeat and experience low mood states or even experience depressive symptoms. This is not to say they are immediately experiencing a mental health issue. As Uphill and Dray (2009) argue, athletes following a defeat may exhibit emotional responses but their responses to this adversity through developing understanding and resilience is likely to counteract the negative emotional reactions. The example in relation to Keyes' (2002 & 2005) model then suggests that athletes would fall into the languishing end of this continuum for a brief period, but through effective cognitive processes to

reaffirm resilience they would likely shift into the flourishing end of the spectrum. In this sense athletes may be at risk of experiencing low mood states and depressive symptoms with prolonged exposure to sport specific demands in high-pressure environments (Nixdorf, Frank, and Beckmann, 2015; Nixdorf, Beckmann, and Nixdorf, 2020; Schinke, Stambulova, Si and Moore, 2017).

Gerber, Holsboer-Trachsler, Pühse, and Brand (2011) suggested that elite level sport does not provide an additional source of stress within adolescents who already reported high stress levels. Suggesting that the environment itself may not have any influence on psychological distress in youth athletes. However, more recently, depressive symptoms have been demonstrated to be prevalent within youth development pathways. There are a growing number of arguments indicating that young athletes are exposed to an environment that includes pressure to perform and achieving perfectionism, with depressive symptoms developing through burnout, perceptions of body image and weight pressures, disrupted sleep and injury, and concussion and social/academic imbalances (Walton, Rice, Hutter, Currie, Reardon, and Purcell, 2021). This suggests the pressures and expectations that professional athletes experience at senior level (Biggin, Burns, and Uphill, 2017) are in fact introduced, and subsequently perpetuated throughout their professional development, potentially furthering the risk of athletes developing a common mental disorder early on in their careers (Sothern and O'Gorman, 2021). This finding is reinforced by researchers who have found a common prevalence of depression and depressive symptoms across numerous sports and countries in elite athletes under the age of 21 (Frank, Nixdorf, and Beckmann, 2017; Gerber, et al., 2018; Jensen, Ivarsson, Fallby, Dankers, and Elbe, 2018; Junge and Feddermann-Demont, 2016).

Interestingly, the data is readily growing with regards to general populations, and stigma is arguably decreasing as awareness and understanding develops. Within professional sport environments, stigma surrounding mental health is still argued to be prevalent (Merz, Perry, Brauer, Montgomery, Shulze, and Ross, 2020). Bauman (2016) highlighted the issues related to

stigmatization of mental health in sport could be attributed to factors such as social history, sport organisational cultures including profitability and success; athlete perceptions and attitudes towards perfectionism, and finally, media attention in relation to glorifying success and overly criticising outcome failures. Furthermore, Bauman (2016) goes on to discuss the regressive attitude towards 'mental toughness' in professional sport and how this is likely hindering help-seeking behaviours within athletes, further emphasizing the stigma associated with mental health in elite sport. The prevalence of stigma remains, and recently there have been increasing calls for improving the current understanding of awareness and intervention of mental health issues within professional athletes (Perry, Champ, Macbeth, and Spandler, 2021; Poucher, Tamminen, Kerr, and Cairney, 2021; Purcell, Gwyther, and Rice, 2019).

For over a decade mental health symptoms and disorders in elite athletes has seen a significant rise in interest, with research highlighting elite athletes may experience a common mental disorder in their lives at least on a similar level to the general population (Reardon, et al., 2021). Similarly, this has seen much more growth in interest and concern from the perspective of athletes, coaches, and organisations (Gorczynski, et al., 2021). This interest is correctly warranted as the prevalence of mental health issues in elite athlete populations has shown growing concern that elite athletes are exhibiting greater levels of prevalence of mental disorders compared to general populations (Kuettel, Pedersen, and Larsen, 2021; Gorczynski, Coyle, and Gibson, 2017; Poucher, Tamminen, Sabiston, Cairney, and Kerr, 2021; Reardon, et al., 2021; Rice, et al., 2016). The literature surrounding the topic of mental health in elite sport has demonstrated growing evidence that the prevalence of disorders and symptoms is not only limited to elite athletes who are currently playing, but this has been shown to be present in retired professional athletes also (Gouttebarge, et al., 2019; van Ramele, Aoki, Kerkhoffs and Gouttebarge, 2017).

The prevalence of mental disorders in elite athletes provides an interesting counterargument to some of the literature published surrounding physical activity and its potentially positive influence on one's own mental health. The research has established that moderate to high intensity levels of regular exercise can act as a successful preventative intervention for depression and other common mental disorder symptoms within general populations (Kvam, Kleppe, Nordhus & Hovland, 2016; Schuch, Dunn, Kanitz, Delevatti & Fleck, 2016; Schuch, Vancampfort, Richards, Rosenbaum, Ward & Stubbs, 2016; Stanton & Reaburn, 2014). These arguments propose the positive benefits of regular exercise and its effects on the mental well-being of those suffering with a mental health issue as well reducing the potential risk of developing a mental illness. Exercise has been demonstrated to provide a positive coping strategy for individuals, and research has provided support for adolescents engaging in regular activity as a method for managing psychological well-being (Sanders, Field, Diego, and Kaplan, 2000). Furthermore, within the general population exercise has been deemed to have positive influences on perceptions of the self-concept, i.e., developing a more positive sense of self and identity (Carless and Douglas, 2008; Carless and Sparkes, 2008; Stenseng Rise, and Kraft, 2012) whilst also reducing depressive symptoms (Dishman, et al., 2006; Legrand and Heuze, 2007), improving self-efficacy (Malebo, van Eeden, and Wissing, 2007), and in particular, has been demonstrated to have significantly positive influences on adolescent males' mental health (Swann, Telenta, Draper, Liddle, et al., 2018).

While this provides a level of insight into the wider population, within professional sport, however, it has been argued that physical activity can take on a different, more harmful role. Due to the rigors of elite level sport, athletes are expected to engage in a demanding level of training, and it is argued that this level of activity can compromise athlete health (Schwenk, 2000) and potentially lead to athletes being vulnerable to common mental disorders (Hughes and Leavey, 2012). There is a growing body of evidence to suggest that the levels of mental health issues/depression are

prevalent in both male and female athletes across a number of professional sports (Junge and Feddermann-Demont, 2016; Junge and Prinz, 2019; Perry, Champ, Macbeth, & Spandler, 2021; Wood, Harrison & Kucharska, 2017), and in some cases female elite athletes have demonstrated more likely tendencies to exhibit depressive symptoms (Tahtinen, Kristjánsdóttir, and Morris, 2020; Turner, Carrington, and Miller, 2019).

Interestingly, other literary sources have found that elite female athletes demonstrate a greater prevalence of mental health issues compared to male athletes (Junge and Feddermann-Demont, 2016; Junge and Prinz, 2019; Schaal, et al., 2011) but this does contradict some of the available data as it is suggested that male professional athletes (aged 16-34) typically fall into one of the most at-risk groups concerning susceptibility to mental health issues (Gulliver, Griffiths, and Christensen, 2012; Gulliver, Griffiths, Mackinnon, Batterham & Stanimirovic, 2015; and Wood, Harrison & Kucharska, 2017). Furthermore, males in the general population have typically avoided seeking help when faced with a common mental disorder (Addis and Mahalik, 2003; Oliver, Pearson, Coe and Gunnell, 2005; Rafal, Gatto and DeBate, 2018), while more specifically in the context of sport, male athletes have demonstrated reluctance to engaging in mental health awareness messages (Breslin, Shannon, Ferguson, Devlin, Haughey and Prentice, 2019) suggesting a common reluctance in males to avoid seeking help, whilst demonstrating a lack of interest in enhancing their mental health literacy. It could therefore be argued that female athletes have greater tendencies towards help-seeking in their environments when faced with a common mental disorder, which would align with the findings found in females in general populations (Tamres, Janicki, and Helgeson, 2002).

Due to the long-term high-intensity levels, expectation, and daily stresses and anxieties over the course of a professional sports career (ages 16-35), there has often been a ‘masculine’ reputation associated with being an elite level athlete. The notions of stigmatizing mental health issues due to

being male, which are present in the general population (Brownhill, et al., 2005; Chuick, et al., 2009) can also be found in elite athletes. A perception that one must act or behave in a certain 'masculine' way, seeking perfectionism to ultimately be successful within their chosen sport (Koivula, Hassmén & Fallby, 2002). This culture within sport has seemingly correlated with the development of mental health issues in male professional athletes as these perceptions determine that they must avoid feeling or looking vulnerable and/or weak (Sinden, 2010) and must maintain a strong, self-assured outward persona (Oliffe, Kelly, Johnson, Bottorff, Gray, et al., 2010; and Oliver, Pearson, Coe & Gunnell, 2005). This duality in perceptions of retaining a 'masculine persona' and silently suffering with a mental health issue has arguably developed due to career dissatisfaction (Foskett and Longstaff, 2018), avoidance behaviours and a failure to seek help from a professional support service (Brownhill, et al., 2005). A further concern to these points, Sothern and O'Gorman (2021) found evidence that the feelings of stigmatization and concealment of mental health issues were present in youth academy footballers in England, suggesting that the cultures and perceptions of avoiding appearing weak are reinforced at these early stages of development and perpetuated into adulthood.

While it has been suggested that physical activity can be a preventative or even – to some extent – a treatment-based solution to mental health issues (Stanton & Reaburn, 2014), Newman, Howells & Fletcher's (2016) research investigating ex-sporting professionals' autobiographical accounts would suggest that the sport itself can exacerbate and cause further psychological anguish due to the lack of support mechanisms, or adaptive coping strategies whilst in the professional game. This is reinforced by McLoughlin, et al., (2021) who found that long-term exposure to the lifetime stressors of sport fosters common mental disorders and promotes maladaptive coping strategies in athletes. This has been argued to be a resultant factor of the excessive amounts of stress, anxiety, and the expectations to perform to such a high standard for a prolonged period of

time whilst also potentially dealing with a mental health issue (Beable, Fulcher, Lee, and Hamilton, 2017). For example, Arnold and Fletcher's (2012) study emphasises this with their research on organisational stressors in sport where a meta-analysis found that elite athletes are prone to experiencing 640 distinct stressors within their professional environments, which could induce mental health symptoms and disorders. Furthermore, studies have contested that athlete populations dealing with mental health issues has been underestimated (Hammond, Gialloreto, Kubas & Davis, 2013), and in fact professional athletes are at greater risk of suffering with a mental health issue due in large to their demanding occupations, and high stress environments (Schinke, et al., 2017).

Vargas, Papathomas, Williams, Kinnafick, and Rhodes (2021) through a meta-study of synthesizing existing mental health literature in sport revealed that athletes experiencing mental illness typically pertained to the following disorders: depression, eating disorder, gambling addiction, and substance-related disorders (e.g., alcohol and drugs). This would suggest that elite athletes most commonly experiencing a mental disorder are likely to experience significant changes in their behaviour when suffering the symptoms outlined above (Hill, MacNamara, Collins, and Rodgers, 2016). Beyond this, researchers have been exploring the potential factors associated with elite athletes developing common mental disorders across a range of different sports and countries. Amongst these sources, some of the most common factors to have been outlined in the literature have been argued to be long-term injuries, retirement from sport, and avoidance in help-seeking.

Long-Term Injuries in Professional Sportspeople

Lattimore (2017) outlines that for athletes experiencing an injury is one of the most traumatic events that can happen within their careers. Particularly for athletes suffering with a long-term injury, they can expect to experience significant adverse effects on psychological, physical, and social levels. This would suggest that an athlete suffering a long-term injury would likely experience a threat to their overall wellbeing as a person due to the compromise they are facing.

Lattimore (2017) argues that athletes facing injuries must not only be able to manage the physical rehabilitation of their injury, but also be mindful of the psychological processes required and manage their emotional rehabilitation within this recovery process. This would indicate that those athletes who are unable to fully recover psychologically alongside the physical ailment are arguably facing an incomplete rehabilitation process and would likely not be 'fit' to return to play. Furthermore, research by Hawkins and Fuller (1999) identified that professional footballers in England were 1000 times more likely to suffer a workplace injury compared to other industrial occupations categorised as 'high-risk'. Wylleman, Alfermann, and Lavallee (2004) added further concern to this notion by indicating that suffering an injury in elite sport is "*one of the most important non-normative athletic transitions with which athletes may be confronted*", arguing the nature of this event would require researchers to investigate and develop mechanisms that would help support athletes during this crucial period.

The research focused on long-term injuries in elite athletes has consistently demonstrated to reason long-term injuries within professional sports play a significant role in the development of common mental disorders in athletes, with arguments outlining that long-term, severe or career-ending injuries having a potentially significant effect on an athlete's psychological well-being during this time, thus potentially facilitating a range of common mental disorders and depressive symptoms (Alfermann, Stambulova & Zemaityte, 2004; Gouttebarge, Aoki & Kerkhoffs, 2015; Gouttebarge, Backx, Aoki & Kerkhoffs, 2015; Gouttebarge, Tol, & Kerkhoffs, 2016; Ristolainen, Kettunen, Kujala & Heineken, 2012).

Gouttebarge, Jonkers, Moen, et al., (2017) suggests that adverse mental behaviours such as anxiety, depression, sleep disturbance, career dissatisfaction, eating disorders and drug/alcohol addiction are all commonly associated with suffering with a long-term injury in professional sport. Creating significant risk factors associated with maladaptive coping mechanisms for some athletes

who suffer with a long-term injury whilst experiencing a common mental disorder. This argument supports previous literature of high-stress and anxiety effects when competing in professional sports (Fletcher & Hanton, 2003; Fletcher, Hanton, Mellalieu & Neil, 2012; and Nixdorf, Frank & Beckermann, 2015), with elite athletes being shown to experience increases in negative emotional responses, anxiety and stress in relation to injury rehabilitation and the prospect of re-injury prior to and after returning to full fitness (Arvinen-Barrow, DeGrave, Pack and Hemmings, 2019; Walker, Thatcher and Lavallee, 2010). Further to this, athletes are argued to be significantly more likely to develop depressive symptoms when suffering with a long-term injury (Appaneal, Levine, Perna & Roh, 2009; Fletcher & Hanton, 2003; and Mainwaring, Hutchinson, Bisschop, Comper & Richards, 2010). Subsequently, depression has been found to be common in both male and female athletes following a sport injury (Appaneal, et al., 2009) with females in particular exhibiting greater post-injury depressive symptoms than males. This is something that is particularly scarce within the academic literature, as many studies have largely focused on males when investigating injuries in professional sport. This disparity in the research is also identified in other mental health related topics involving female participants, as research has often focused on eating disorders and prevalence rates (Perry et al., 2021). Building on the previous findings suggesting the trauma athletes may face when suffering a severe injury, these arguments should also extend to the topic of psychological effects of injuries in elite female athletes.

Links are made regarding a mental health issue being prevalent, i.e., injuries are more likely to lead to a common mental disorder (Gouttebarge, Kerkhoffs & Lambert, 2016; Losty, Warrington, McGoldrick, Murphy, et al., 2019), however, there is some level of restriction regarding the discussion as to how these have potentially developed in the athlete because of the injury itself. This has shown some understanding as researchers have endeavoured to uncover the underlying reasons as to why an elite athlete may experience depressive symptoms or a common mental disorder when

faced with a long-term injury. Sparkes (1998) identified the issues associated with facing a severe injury in elite sport through their exploration of athletic identity in an athlete who had been forced to retire through illness. Within this study it was revealed that the athlete had faced a significant sense of loss of self, and a heightened sense of reflexivity and awareness of aspects they had 'taken for granted' and which were no longer attainable. In this sense Sparkes' (1998) early study had identified a key factor of what would affect athlete psychological well-being when facing a severe injury or ailment. A sudden loss of identity, or identity foreclosure, where the athlete in question has lost their sense of self in relation to who they are as an athlete no longer being accessible within their personal lives. These findings have become more common as other studies investigating severe or career-ending injuries also revealed similar findings where athletes had faced identity foreclosure or a sudden loss of their athletic selves (Sanders and Stevinson, 2017; Sparkes and Smith, 2017) as they were now faced with life without sport.

Within professional sport there have been dangers in the practice of competing at such high levels, with expectations to perform when suffering with minor injuries, concealing pain, and facing the prospect of repetitive or stress related injuries during playing careers (Sinden, 2010). This creates an issue in the management of athlete welfare and psychological well-being as the culture of professional sport is creating an expectation to perform despite the risk of physical harm. Ristolainen, et al., (2012) found that athletes most commonly terminating their career did so because of injuries during their careers. It was reported that of the participants in the study around 70% indicated that the injury they had suffered had caused them a mild or moderate permanent disability. Further literature investigating injuries in professional sport has indicated a focus on musculoskeletal injuries, with long-term knee injuries (mainly ACL injuries) making up the majority of sport-injury related research (Brewer, 2010). Researchers in this area have argued that athletes commonly suffering with an ACL (or other long-term joint injury) are more likely to

experience depressive symptoms and have difficulty coping with the injury as they experience emotional or total mood disturbance, and are likely to be diagnosed with a common mental disorder following the injury (Carson and Polman, 2008; Gouttebarge, et al., 2016; Mainwaring et al., 2010).

Similarly, there have been a growing number of studies investigating the impact concussions can have on an athlete's mental health over the last decade (Eagle, Kontos, Collins, Connaboy, and Flanagan, 2021), however, there is some criticism that this focus has been predominantly on retired American National Football League (NFL) players, indicating an albeit unique perspective of the topic (Cunningham, Broglio, O'Grady, and Wilson, 2020), but difficult to generalise to other sports. Despite this, there has been some increasing interest in recent years of researchers exploring the impact of concussions on other high-impact sports within Europe. Some findings have revealed that retired professional football players who had suffered a concussion were at much greater risk of experiencing depressive episodes in later life compared with retired athletes who had not suffered a concussion (Guskiewicz, Marshall, Bailes, McCrea, et al., 2007; Kerr, Marshall, Harding Jr, and Guskiewicz, 2012). Gouttebarge and Kerkhoffs (2021) add further emphasis to this topic as they explored the impact of concussion on athlete mental health. The study focused specifically on high-speed contact or collision sports such as American and Australian Football, Ice Hockey, and rugby. The findings revealed that athletes suffering a concussion were three times more likely to be diagnosed with a common mental disorder compared to those without any history of suffering a concussion. Even more concerningly, the findings revealed that athletes who had experienced six or more concussions in their career were five times more likely to be diagnosed with a mental health issue. This work highlights a growing concern in high-impact sports, as well as other contact sports, where the risk of minor head-injury and concussions is facilitating the development of depressive symptoms as athletes suffer these injuries, but also developing common mental disorders later in life.

As a result of the work highlighting the potential psychological damage an injury can cause on an elite athlete, researchers have emphasised the need to develop more practical solutions in relation to enabling psychological rehabilitation alongside the physical process of recovery (Arvinen-Barrow, et al., 2015; Brewer, 2010; Gervis, et al., 2020; Lattimore, 2017; Slimani, Bragazzi, Znazen, Paravlic, et al., 2018). Advantages of these psychological interventions are clearly demonstrated through enhanced self-efficacy, increased mental toughness, and improved personal motivation. Overall, enabling a more holistic approach to sport-injury recovery and return to play by engaging a multidisciplinary approach and manage psychological wellbeing (Gervis, et al., 2020; Goddard, Roberts, Byron-Daniel, and Woodford, 2020). Furthermore, Booth, Mellalieu, and Bruton (2018) highlight the potential positive impact this approach can have on injury rehabilitation as they argue that increased psychological wellbeing can occur from injury-related growth. However, it should be noted that the calls for this are somewhat limited and to date researchers investigating elite athlete injuries have often focused on the resulting psychological effects of the injury. Subsequently, there have been a limited number of studies addressing why depressive symptoms may develop in athletes during this time. It would be argued that more qualitative approaches are required to examine the experiences of elite athletes facing long-term injuries to explore the emotional and psychological responses exhibited during the rehabilitation process and subsequently returning to play (Walker, Thatcher and Lavallee, 2007).

Retirement from Sport

The transition out of elite sport for professional athletes is argued to be a significant event in their lives with the retirement decision process outlined as multifaceted, complex, and individual to each athlete (Fernandez, Stephan and Fouquereau, 2006). This process has received significant attention over the last 40 years with many researchers looking to explore the process of leaving professional sport in a variety of athletes, and sports (Park, Lavallee and Tod, 2013), revealing that

this transition can have significant influences on athletes, potentially leading to substance and alcohol abuse, eating disorders, depression, a sense of loss and decreased self-confidence (Kerr and Daschyn, 2000; Roberts, Mullen, Evans and Hall, 2015; Sinclair and Orlick, 1993; Stambulova, Alfermann, Slater and Côté, 2009). However, the topic of retirement in sport has often centred on the significant effect retiring can have on an athlete's identity. While often these articles are not strictly focused on mental health, many studies investigating identity and retirement have revealed significant mental health effects due to this potentially traumatic process. This is arguably due to the lack of pre-retirement preparation and often narrow athletic identity some athletes possess when retiring. A concept which is argued to have been facilitated and reinforced from early youth developments in an athlete's sports career (Warriner and Lavalle, 2008; Wylleman and Reints, 2010; Wylleman, Alfermann and Lavallee, 2004). This would suggest that athletes are encouraged to define themselves with a narrow athletic identity in the pursuit of excellence, success, and mastery in their respective field (Douglas and Carless, 2009; Larsen, Henriksen, Alfermann and Christensen, 2014). However, based on the findings of previous studies it could be argued that this narrow athletic identity is not conducive to a trauma-free retirement transition from elite sport, and may have significant implications on an athlete's mental health (Cosh, Crabb and LeCouteur, 2013; Cosh, Crabb and Tully, 2015).

As stated, the topic of retirement and mental health in professional sport has been a relatively narrow research area, with many studies focusing on the influence of retirement upon identity – 126 studies up to 2010 (Park, Lavallee and Tod, 2013). Barth, Güllich, Forstinger, Schlesinger, et al., (2021) conducted a systematic review of retirement literature in football (soccer). The study yielded a total of 17 papers that were focused on this topic and revealed several key factors that were associated with retirement from football. These were outlined as family/personal reasons, injury, new career, non-renewal of contract, contract end, and declining

ability. Within the scope of this research Carapinheira, Mendes, Carvhalo, Torregrossa, and Travassos (2018) reported that 83% of players in their study had no plan for retirement or career termination, which built on existing arguments to suggest that players without a plan to retire would suffer considerable adjustment difficulties. This provides an interesting discussion point as further developments surrounding the retirement from professional football has shown ex-players suffering from several depressive symptoms, such as, burnout, distress, sleeping disturbance, adverse nutrition behaviour, adverse alcohol behaviour and smoking (Gouttebarge et al., 2015; Gouttebarge et al., 2016; Gouttebarge et al., 2017).

Schwenk, Gorenflo, Dopp, and Hipple's (2007) study on depression and pain in retired professional footballers demonstrated that retired players experience depressive symptoms similar to those of the general population, however, an additional point to this study emphasises that depressive symptoms and common mental disorders were compounded by high levels of difficulty with pain. This combination of depressive symptoms and managing high levels of pain upon retirement indicated that ex-players were having severe difficulties with sleep, social relationships, financial difficulties and exercise and fitness. This outlines the struggles that ex-athletes must manage when facing career termination through either illness, chronic pain, or injury, suggesting significantly higher odds of depressive symptomology during retirement (Sanders and Stevinson, 2017). The findings would indicate that athletes being forced to retire through injury are more likely to experience negative emotional responses, common mental disorders and depressive symptoms having transitioned into retirement involuntarily and without a plan for life after sport (Swain, 1991). This is compared to athletes who have consciously decided, and subsequently planned for retirement who are demonstrated to have developed much more adaptive coping strategies and an identity suited to life outside of sport (Mihovilovic, 1968; Stambulova, Stephan, and Jäphag, 2007).

Alfermann, Stambulova and Zemaityte's (2004) investigation of sport career termination indicated the need for a more adaptive process in retiring from elite sport, with athletes encouraged to plan and develop effective coping strategies to adjust more successfully to life outside of sport. Furthermore, Lally's (2007) study on identity and athletic retirement from sport outlined how an athlete's identity can be dramatically disrupted due to the retirement transition. However, this work also outlined the potential positive effects that planning for retirement from sport can have on an athlete's wellbeing. The study highlighted how proactively managing the transition prior to retirement is likely to facilitate a diminishment of their athletic selves and ease the transition as athletes were able to explore novel and previously undefined identities in preparation for life outside of sport. This work has garnered significant support in the years following the study as other researchers have also demonstrated the benefits a 'pre-retirement plan' can have on an athlete's wellbeing once they retire (Lavallee and Robinson, 2007; Maseko and Surujlal, 2011; McArdle, Moore and Lyons, 2014; Park, Tod and Lavallee, 2012; Stambulova, Stephan and Jäphag, 2007; Torregrosa, Ramis, Pallarés, Azócar and Selva, 2015). Interestingly, whilst a pre-retirement plan has been demonstrated to have positive influences on the broadening of identity and the ability to cope with life outside of sport, there have also been arguments suggesting that an athlete's decision to voluntarily retire (Martin, Fogarty and Albion, 2014), acceptance of the decision to retire (Grove, Lavallee and Gordon, 1997), effective sport-life balance (Fairlie, Stanley, George, Sereda, and Mosewich, 2020), and possessing a broader identity (Debois, Ledon and Wylleman, 2015) can also positively influence the retirement process and life-satisfaction outside of elite sport.

Carless and Douglas' (2012; 2013a; 2013b) work demonstrated that athletes who were able to broaden their identity and adjust their perceptions of self were able to cope better within their sporting environments and outside of their respective sports following retirement. Further to this there have been growing calls from researchers to have a greater focus on the mental health

implications retiring from professional sport can have on an athlete (Barth, et al., 2021; Schwenk, et al., 2007). This provides a strong argument for further research investigating managing psychological well-being and mental health through effective coping strategies and support from professional and social support services during what can be a difficult process for many professional athletes (Arvinen-Barrow, Hurley and Ruiz, 2017; Fernandez, Stephan and Fouquereau, 2006; Grove, Lavallee, Gordon and Harvey, 1998; Lavallee, 2005; Park and Lavallee, 2015; Taylor and Ogilvie, 1994).

Attitudes Toward Help-Seeking

Help-seeking is a relatively novel topic that has received much greater interest in the last decade, which has developed alongside mental health prevalence literature. The topic itself has largely focused on general populations with several studies across different countries indicating a common issue in individuals suffering with a common mental disorder and their perceived willingness to seek help. This notion of suffering with a common mental disorder and avoiding seeking help was found to be a protective behaviour for Flemish populations (where suicide rates were measured to be high) for individuals exhibiting suicidal behaviours (Reynders, Kerkhod, Molenberghs and Audenhove, 2014). This was argued to have developed from negative perceptions of mental health and stigmatization of common mental disorders whereby individuals in the general population were perceiving seeking help from a professional as a sign of shame. These findings were further supported by Wahto, Swift and Whipple (2016) in their study of help-seeking attitudes in college student-athletes. The study identified that attitudes towards help-seeking were often restricted by perceived stigmas, from both public perception and self, and were more likely to seek help when referred to a professional by a family member. Interestingly, participants were less likely to seek help when referred by a coach or teammate.

Studies have investigated the perceived differences of help-seeking in males and females in the general population and have revealed that male populations will typically avoid seeking help compared to females who are more likely to seek help for a mental health issue (Clement, et al., 2015; Oliver, Pearson, Coe and Gunnell, 2005). Male populations have been suggested to avoid seeking help due to the perceived stigma of appearing vulnerable (Addis and Mahalik, 2003; Rafal, Gatto and DeBate, 2018), suggesting that as a male they would avoid professional help in favour of seeking support from social interactions instead (Oliver, Pearson, Coe and Gunnell, 2005).

As outlined above, the topic of help-seeking is growing and there are several studies outlining the perceptions of help-seeking within general populations and generally student-athlete, and non-athlete populations. However, there is a limited body of research surrounding the focus of professional athlete attitudes towards help-seeking when faced with a common mental disorder. The studies that have investigated these behaviours in professional athletes have found similar findings in relation to the disparity of help-seeking in males and females. Male athletes are suggested to be less willing to seek-help for a mental health issue compared to females and males are also argued to stigmatise psychological support services more so than female athletes (Martin, Lavallee, Kellmann and Page, 2004; Tahtinen and Kristjansdottir, 2019). However, Plateau, Arcelus, Leung, and Meyer (2017) provides some evidence that female athletes suffering with eating disorders also face challenges to help-seeking. The findings indicate eating disorder literacy forms a major barrier to seeking help in female athletes whose career is within 'lean' sport and is predicated on strict body weight controls to compete, signifying that sports that demand leanness are causing a high level of risk to female athletes' mental health (Hulley and Hill, 2001; Schaal, Tafflet, Nassif, Thibault, et al., 2011).

Within the confines of the professional sport environment Gulliver, Griffiths and Christensen (2012) argued that young elite athletes (aged between 16-23) also perceived 'stigma' as

the most prominent barrier to seeking help, reasoning that the perceptions to avoiding seeking help are potentially facilitated within the elite sport environment within the younger age groups and perpetuated into adulthood. A notion supported by Lebrun, MacNamara, Collins and Rodgers (2019) who found that athletes suffering from a mental health issue displayed behaviours whereby they would postpone seeking help. However, within the study athletes did discuss that they did receive appropriate support and treatment, but this was suggested to be at a point where it had become detrimental to their wellbeing and had manifested itself in the form of suicidal thoughts, thus meaning the athletes had been aware of their declining mental health but had postponed any support or treatment due to a sense of denial and lack of mental health literacy.

The attitude of avoiding seeking-help suggests that individuals are reinforcing behaviours through these beliefs and attitudes. The theory of reasoned action (TRA) provides some understanding of why this may be the case. TRA was first proposed by Fishbein and Ajzen (1975, in Smith and Biddle, 1999) and outlines the understanding that actions of an individual are a determinant of behaviour, and that in turn is predicted from attitudes and social normative factors. This would indicate that individual's knowledge, or lack of knowledge, informs their behaviours. For example, TRA would suggest that an individual's lack of mental health literacy may perpetuate stereotypes or stigmas as they lack the information to inform rational beliefs of the topic. Whereas an individual with competent mental health literacy would likely not engage in stigmatising behaviours. TRA then provides some deeper meaning as to how individuals are likely to develop such attitudes and behaviours in relation to seeking help for a mental health issue, as we can predict that stigmatisation or lack of knowledge of mental health is likely to facilitate these avoidance behaviours (Clement, Schauman, Graham, Maggioni, et al., 2015; Rüsch, Evans-Lacko, Henderson, Flach, et al., 2011). It is reasonable to assume that the stigmatisation of mental health, (i.e., appearing weak or vulnerable, affecting perceptions of masculinity, etc.) is likely then impacting a

person's engagement, not only with mental health literacy and education, but more concerningly, willingness to engage with relevant mental health support services. In this regard, individuals who have developed certain attitudes or misconceptions surrounding mental health are less likely or less willing to engage in developing understanding or knowledge of mental health and common mental disorders as stigma has perpetuated their beliefs (Van Brakel, 2006).

Papadopoulos, Vlouhou and Terzoglou (2008) utilised TRA as a framework to examine if beliefs and attitudes influenced decisions to partake in physical activity and recreational sport. The study predicted that the intention to participate was influenced by participant attitudes in relation to physical activity having a positive effect on their physical, social, and psychological components. This would provide some support to the notion that enhancing participants' knowledge and understanding of the issue is likely to inform positive beliefs and attitudes towards the action, meaning an improved likelihood of engaging in said action. In the context of mental health, enhancing mental health literacy is likely to improve beliefs and attitudes, thereby reducing the possible stigmatisation of CMDs and facilitating improved attitudes towards help-seeking (Clement, et al., 2015; Yzer and Gilasevitch, 2019). More recent research has applied the TRA framework to developing more robust mental health literacy programs in athletes and argued that developing positive-focused awareness programs can tackle common misconceptions and stigmas associated with mental health in athletes, thereby improving willingness to seek help for a CMD and supporting athlete mental health more effectively (Breslin, et al., 2019).

Researchers have argued that to enhance athlete mental health literacy at younger age groups as well as in senior athletes improved programs and strategies targeting these areas would enable an enhanced understanding and awareness of mental health and common mental disorders, as well as potentially reducing stigmatization of common mental disorders and improve attitudes to seeking help in elite sport (Breslin, Haughey, O'Brien, Caulfield, et al., 2018; Breslin, Shannon,

Haughey, Sarju, et al., 2021). Furthermore, Rice, Butterworth, Clements, Josifovski, et al. (2020) argue that to improve help-seeking behaviours and attitudes towards mental health interventions a cultural change is required from elite athletes alongside dedicated referral networks of trained practitioners to provide specialist care and early intervention strategies. Further research surrounding the topic of mental health and help-seeking is needed in the professional sport environment to understand the attitudes and behaviours of elite athletes in relation to the stigmatisation of mental health and seeking support for common mental disorders.

A Brief Overview of Existing Support Services in Professional Sports

Mental health is a long-standing issue within professional sport as it has often been argued that more research needs to be conducted in order to enhance clarity surrounding the potential causes of why athletes are more susceptible to suffering with adverse mental health issues (Biggin, Burns, & Uphill, 2017; Chuick, et al., 2009; Coyle, Gorczynski & Gibson, 2017; Doherty, Hannigan & Campbell, 2016; Nixdorf, Frank, & Beckmann, 2015; and Reardon & Factor, 2010). Furthermore, there have been growing arguments within academia that professional support services within professional sport need to be greatly enhanced in order to combat the issue (Doherty, et al., 2016; Gulliver, et al., 2015; Hammond, Gialloreto, Kubas & Davis, 2013; Morris, Tod & Oliver, 2015; Park, Tod & Lavallee, 2012; Roberts, Mullins, Evans, & Hall., 2015; Schinke, Stambulova, Si & Moore, 2017 and Stambulova, Alfermann, Statler, Côté, 2009).

To improve support services of professional athletes, it is imperative to enrich our understanding of the existing support that is currently available from relevant national governing bodies and organisations of professional sport. It has been suggested that the current understanding of policy and practice is largely focused around participation and performance related agendas, while limited attention is focused on athlete well-being (Giles, Fletcher, Arnold, Ashfield, and

Harrison, 2020). To that end, below is a brief review of four key organisations in England that currently outline their existing mental health support strategies via their respective websites.

1) The Professional Footballers' Association (PFA) – The PFA is a union which is established for current and retired professional footballers in England who play/played in either the English Premier League, FA Women's Super League, and the English Football Leagues. The support services within the leagues mentioned above are specifically outsourced to the PFA within England. That is to say that if current or retired players wish to access wellbeing support, then they are directed towards the PFA. Based on the organisation's website they offer 24/7 counselling support via a hotline service and access to a 'nationwide network of 200+ fully trained counsellors'. The service is delivered in collaboration with Sporting Chance where it is mentioned that 'a number of counsellors in this network are former players' (The PFA, n.d.). It is unclear based on the information provided where further clinical support is provided or how qualified the counsellors are in relation to providing support for mental health issues. There is however some information suggesting that Sporting Chance does offer a residential stay for those requiring clinical treatment. How available that is to athletes, or how to access that service specifically is unclear beyond contacting the hotline service.
2) The English Institute of Sport (EIS) – The EIS is a dedicated organisation developed to provide holistic support to athletes. Mainly built to providing support for Olympic and Paralympic pathway athletes, the organisation introduced a dedicated mental health strategy in 2018. This strategy was developed in collaboration with UK Sport, The British Athletics Commission (BAC), World Class Programmes, industry and the mental health charity: MIND. The strategy is designed to "promote a sustainable High-Performance System where all people have the best opportunity to have positive mental

health and ensure there is appropriate support for those experiencing mental health problems". There is a panel of qualified professionals leading the strategy. However, it is unclear based on the information provided as to how the strategy is utilised by practitioners and athletes alike (The EIS, 2018).

3) The Rugby Players' Association (RPA) – The RPA, similar to the PFA above, is an organisation created to support current and retired rugby players in a range of areas. The existing mental health provision outlined by the organisation signposts current/retired athletes to a partner organisation Cognacity. The organisation is clear that this support is provided exclusively by the third-party partnership and provides relevant contact details for all RPA members on the site to access Cognacity directly (The RPA, n.d.). In this sense, the RPA provides available clinical support and treatment exclusively through their partnership with Cognacity.
4) Cognacity – Cognacity is a dedicated business solely focused on providing mental health support and treatment of mental health issues to a range of businesses and sporting organisations. They have a team of trained experts: psychiatrists, psychologists, counsellors, and therapists that make up a nationwide network of available support and treatment. The organisation also offers a 24/7 support hotline for athletes to contact if they require counselling or further treatment. The Cognacity (n.d.) website indicates the company is partnered to a number of sporting organisations, including: GB Rowing Team, FIFPro, England Water Polo, Professional Players' Federation (PPF), League Managers Association (LMA), Great Britain Hockey, The RPA, Rugby Football Union (RFU), UK Athletics, British Swimming, European Tour, Professional Jockeys Association, LTA British Tennis, Professional Cricketers' Association, International Rugby Board, and The England and Wales Cricket Board (ECB). This suggests the

organisation has a broad network of available treatment and support for a range of athletes across sports.

It should be noted that these four organisations were selected based on the information available on their websites. Other organisations and national governing bodies across the UK were considered, but website information was restrictive with regards to their strategies and policies pertaining to mental health. For example, Sport Scotland provide an overview of mental health coach education workshops, with the Scottish FA, Scotland Rugby, FAW, and Irish FA demonstrating similar information to improve understanding of mental health disorders and reduce stigma through various awareness strategies. Therefore, the four outlined above represent a brief view of the most accessible strategies involving clinical referral and treatment in England-based organisations. Similarly, Rugby League Cares (RL Cares) is a charity set up to provide mental health support, awareness, and education across Rugby League clubs in England. However, like the organisations mentioned above, there is little demonstration of providing available treatment beyond the initial stages of awareness and education.

Beyond the four organisations mentioned above are several other organisations that work alongside sport to provide mental health support and education. What is noticeable amongst these is that partnerships and collaborations to provide mental health support within elite sport is often outsourced and based on referral systems to third parties. These third-party organisations are largely made up of education or awareness seminars and/or workshops delivered by charities and are not necessarily available to provide support or treatment beyond referring to a GP or mental health hotline service. Instead, these organisations' focus is to enhance mental health literacy through these workshops and provide some introduction to mental health first aid (in some cases). Another key point to take away is that the EIS (to the author's knowledge) is the only governing body within professional sport in the UK that has a dedicated mental health support system directly delivered

from the governing body and filtered down into each respective sport/club. This affords athletes direct and immediate referrals to clinical care, alongside delivering mental health support, understanding and education from a team of clinical experts.

What is commendable from the organisations across UK sport is that the outsourcing of these to third parties demonstrates a willingness to provide mental health support, treatment and enhance literacy in some capacity. However, the details surrounding this are somewhat vague, and specifically within professional football there is no remit for dedicated mental health support provision from an organisational perspective. For example, based on the information available an athlete seeking support and/or treatment would first have to be signposted to the PFA, contact the PFA, and then subsequently be referred to a counsellor. If the issue was beyond the remit of the trained counsellor and clinical treatment was needed, they would then be referred to Sporting Chance, which suggests a potential issue in athletes needing to engage with an immediate support service if they were to suffer with a common mental disorder within their sport. This suggests that individual clubs and players within these clubs will have to take responsibility to manage and seek out treatment for any mental disorders they may be suffering with if they were able to consciously recognise symptoms that they may have a mental health issue and seek private treatment outside of these environments. Similarly, the education in delivering awareness and literacy of mental health in a more positive sense, i.e., managing positive well-being, also seems to be somewhat vague in terms of whether this is delivered to all age ranges, or is targeted solely from youth development phases up to 23-years old is unclear.

Sport and Exercise Psychologist Pathways

Sport and exercise psychology within high performance environments has seen growing interest over the last few decades. Particularly in the UK we have seen a growing investment into this area of elite sport to help enhance performance and support wellbeing. The pathway to

becoming a sport and exercise psychologist has developed a robust process, and as such the pathway to achieving chartered status has allowed for a more developed training program for this area of expertise to integrate effectively into elite sport environments. The training surrounding sport and exercise psychology does not simply focus on performance alone and many practitioners in the field would attest to the performance related benefits enhancing wellbeing can have. In this sense sport and exercise psychologists train to provide thorough and effective psychological support for both performance wellbeing focused matters. Whilst this is generally seen as a positive, there is still some debate relating to the specific support sport and exercise psychologists can provide in mental health related matters. For example, a sport and exercise psychologist is well trained to provide mental health awareness and education through their knowledge and expertise, however, they would not be able to intervene or provide any treatment for an athlete presenting with a mental health issue. This would require the intervention of a trained clinical professional. To that end, the following sub-section will explore the current sport and exercise psychologist pathways that are available and how this training helps prepare a practitioner for elite sport environments, whilst also establishing some critiques in the existing pathway.

While the points above have raised some areas for investigation in relation to the governing bodies within professional sports in the UK, it should be noted that clubs and organisations have increasingly sought to employ a wide-ranging number of professional across several disciplines. These include (but are not limited to), nutrition, sport science, physiotherapy, data analytics, player care, etc., and in the context of psychological well-being and performance, professional support service providers in the form of a qualified sport and exercise psychologist are more frequently embedded into the multidisciplinary staff. Furthermore, organisations are not only choosing to employ the services of a trained professional support service provider but in some sporting organisations it has now become a requisite (E.g., under the Elite Player Performance Plan in

English football academies, the category awarded to the academy relies on – amongst other criteria – a sport psychologist being employed to support psychological development and wellbeing of its players). As mentioned above, employing a sport psychologist within clubs and organisations has often provided referral for psychological issues to be made immediately available within the high-performance environments, and as such these support services are required to undergo robust training and development to qualify and be deemed ethically and morally safe to practice in any of these environments. For instance, the two pathways to becoming a chartered sport and exercise psychologist are provided through the British Psychological Society (BPS), and the British Association of Sport and Exercise Sciences (BASES). Each route requires extensive competency-based practice under the supervision of a qualified expert and focuses on developing the candidate's proficiency in sport and exercise psychology consultancy work and research. Once completed, the individuals are then assessed by a panel of experts and examined on a body of work the candidate produces during their training.

For those undertaking the BPS route to becoming a chartered sport and exercise psychologist they are measured on four core components (BPS, 2018); Teaching and dissemination activities, sport and exercise consultancy work, research project, and CPD. Candidates are required to undertake a total of 540 indicative days to successfully qualify. For those undertaking the BASES route to becoming a sport and exercise psychologist they are measured on four core competencies (BASES, 2022), knowledge, skill, self-development and management, and experience. BASES candidates are expected to complete a total of 400 indicative days to successfully qualify. It should also be noted that a sport and exercise psychologist is a protected title under the Health and Care Professions Council (HCPC) and therefore those practicing sport and exercise psychology or indeed using the title are expected to have completed the relevant training, which then qualifies them for HCPC accreditation.

Whilst practitioners are qualified to be able to provide psychological advice and interventions as determined by the individual athlete and the environment they work within; they are not qualified to provide clinical psychological services. The development and implementation of sport and exercise psychology in elite level sport has increased considerably in recent years, meaning a support service provider is able to provide consultancy on the wellbeing and performance of athletes. However, athletes exhibiting symptoms of a common mental disorder are outside of the remit of a sport and exercise psychologist. This would indicate that the sport and exercise psychologist within the environment is therefore unable to provide immediate treatment or support outside of referring to a clinical practitioner. As outlined earlier, this can cause a potential issue in the available referral services of not just the club or organisation, but the governing body itself. Therefore, further investigation into the wider mental health support services within professional sport is required.

To fully understand the existing state of professional support service providers, it is key to assess what is currently expected in elite level sport to determine areas for improvement and development moving forward. As outlined earlier in this chapter, there has been a significant increase in mental health literature in elite sport over the last decade, and due in large to this enhanced awareness, organisations and governing bodies have developed more rigorous practices to not only enhancing mental health literacy, but also reinforcing the arguments surrounding the availability of clinical support. This is provided through consensus statements developed by a panel of experts. Unfortunately, there are still a minimal number of consensus statements available on the mental health of elite athletes, indicating a shortfall in the overall holistic development of mental health support and education in elite level sport. However, in recent years there has been considerable development in understanding surrounding the mental health of elite athletes, and

through this literature there have been numerous calls to develop the available mental health support and literacy of elite athletes.

Firstly, the IOC convened a consensus meeting with a panel of mental health researchers and practitioner experts to review the extant literature and provide recommendations for minimising the negative impact of the sporting environment on the mental health of elite athletes (Reardon et al., 2019). Within the statement, the panel of experts outlined developments in enhancing clinical practice, the most common mental health disorders in elite athletes, considerations for paralympic athletes, the relative lack of access to mental health services, environmental/cultural impacts, and the need for more robust data and research to be undertaken on athlete mental health (the research recommendation included aspects of treatment, mental health screening, prevention strategies, stigma, physiological recovery, sport culture, sleep hygiene, and coach, athlete and stakeholder mental health literacy).

Secondly, a consensus statement was produced by a think tank of the International Society of Sport Psychology (ISSP) in 2020. Again, like the IOC's statement, this was developed by a panel of experts and produced with the aim to discuss the status of, and future challenges of, applied and research aspects of athlete mental health (Henriksen, et al., 2020). The consensus statement proposed the following points: Mental health is a core component of cultural excellence; Mental health in a sport context should be better defined; Research on mental health in sport should broaden the scope of assessment; Athlete mental health is a major resource for the whole athletic career and post-athletic life career; The environment can nourish and malnourish athlete mental health; and mental health is everybody's responsibility. The statement moves on to recommend that sporting organisations should recognise athlete mental health as a core component of a healthy elite sport system and that the environment should promote mental health literacy of all staff and athletes. Furthermore, Henriksen et al., (2020) argue the need for a dedicated mental health officer

within sporting environments to oversee and direct the support initiatives and improvements in mental health literacy.

Having outlined the existing mental health literature in professional sport, it is reasonable to argue that the current understanding of prevalence of common mental disorders in sport is something that does prompt concern in relation to how this has been shown to be a growing issue over the past decade. Similarly, more recent literature has provided insight into the experiences and understanding of mental health issues beyond prevalence, and thus has informed researchers of the growing need to develop this area further to develop the practical applications of mental health strategies, and clinical interventions/referral systems in elite sport environments. Consideration of the more recent consensus statements from both the IOC (Reardon et al., 2019) and ISSP (Henriksen, et al., 2020) supports the growing need to develop more robust strategies to combat the stigmatisation of mental health and common mental disorders within elite sporting organisations and environments.

Chapter 2: Research Approach, Structure & Aims of the thesis

Overview

The following chapter is designed to connect the background research provided in the prior chapter and build towards the empirical research found in the following chapters. The present chapter aims to provide context and rationale as to the approach of the researcher in relation to developing the research overall. More specific details surrounding each study's individual methodological approach will be found in each of the respective study chapters of this thesis. Building on this the rest of the chapter will then provide a breakdown of the structure and aims of the thesis.

A Pragmatic Approach

Pragmatism has been suggested to have been developed from the origins of James (1907, as cited in Giacobbi, Poczwardowski, and Hager, 2005), who argued in favour of the "respective practical consequences" of research and how the findings may be better applied into real world settings, essentially moving away from potentially unrealistic experimental, lab-based designs to investigate problems or phenomena that occurred within everyday people and society. This could be argued to have a much more subjective understanding in relation to qualitative research, where traditionally quantitative studies had often maintained their origins in lab-based scenarios. In that sense James' (1907) argument provides some substance towards engaging in research that has real world applicability when investigating the human condition. Further understanding of pragmatism and its applications has been designed in relation to its mixed-method approach to research.

Dewey (1931, as cited in Morgan, 2014) noted the benefits of mixed-methods design approaches, arguing that pragmatism can form a paradigm for improving social research. Further to this, Dewey provided foundations for the future development of pragmatist researchers by positing two key questions; 1) What are the sources of our beliefs? And 2) What are the meanings of our actions? Dewey believed the origins of these questions provide a cyclical process to which researchers can build their research philosophy from. This suggests that scholars are afforded the flexibility to approach research with the understanding that our beliefs can be informed by our own

actions, and subsequently our actions may also be informed by our beliefs. Meaning that research may be informed by numerous processes that have preceded it, but also that the researcher's beliefs may also inform the purposes and design of their study to address the research question. This is not to say that every element of research must adopt a mixed-methods approach, simply that pragmatism affords the researcher the ability to interpret the meaning of research and adopt varying approaches to best suit the practical, social, and moral needs of their overarching research question, all whilst still appreciating the human condition (Giacobbi, et al., 2005). In this sense, we can argue that research has moved on from Dewey's early arguments surrounding mixed methods approaches, and in the modern concept of practical research academics may not be restricted to simply one method, philosophy, or paradigm in relation to their research interests, but that they are instead able to adapt accordingly to the needs of the research through a pragmatic approach. This paves the way for multi-methods, or indeed, more diverse research methods (Biddle, Markland, Gilbourne, Chatzisarantis, and Sparkes, 2001).

Cresswell and Cresswell (2018) outlined that mixed method research involves both data collection techniques and analyses and suggested the pragmatist researcher will often use multiple and/or mixed method designs within single investigations or over the course of several investigations. This approach to research involves a combination of procedures where two or more data collection techniques and analysis methods are employed (Cresswell and Cresswell, 2018). However, further discussion surrounding the use of mixed methods approaches has argued that any given approach to inquiry at the paradigmatic level does not set any specifically rigid boundaries for the practical application of the chosen methods (Sparkes, 2015), and therefore it is proposed that the debate surrounding mixed methods approaches to research is a "non-debate". This is emphasized by several researchers (Lincoln, Lynham, and Guuba, 2011; Sparkes and Smith, 2014; and Whaley and Krane, 2011) who have reviewed a range of ontological and epistemological assumptions across a

variety of paradigms, including: positivism, post-positivism, constructivist, phenomenological, critical theories, participatory, and post-structuralism. Within these discussions there are certainly philosophical assumptions to be made surrounding which ontological or epistemological stance a researcher may wish to take, and all of these are rightly verified within the arguments of the researchers (Lincoln, Lynham, and Guuba, 2011; Sparkes and Smith, 2014; and Whaley and Krane, 2011) with suggestions validating the choices surrounding which paradigm may influence a researcher's choice in their methodological design, but as Sparkes (2015) rightly argues, the researcher is free to choose their own methodology as they like regardless of their paradigmatic persuasion.

Rorty's (1982) earlier work surrounding pragmatist research is arguably in agreement with the suggestions made above as they discussed the methods pragmatists adopt are chosen to address specific problems. Therefore, a pragmatic researcher would reasonably be assumed to adopt any given ontological or epistemological stance that best suited the practical problems that needed answering. Subsequently a pragmatic researcher may not necessarily be interested in the underlying nature of reality of the research topic, but more focused on the practical applications of the research findings (Giacobbi, et al., 2005). In this sense pragmatism as a paradigmatic stance allows for a researcher to be able to adopt the best suited methods, and develop robust applications based on the findings. This particular notion may be the underlying reason why sport and exercise psychology research has seen an increasing use of mixed methods approaches in recent years (Ryba, Wiltshire, North and Ronkainen, 2020) with findings suggesting that while clearly switching ontological and/or epistemological views part way through a study or research cycle would be problematic, being pragmatic in the use of mixed methods designs overall still affords academics the ability to maintain their philosophical views over several studies and also engage in qualitative-quantitative research without compromising their reasoning. Furthermore, Ryba et al. (2020) adds validity to the

use of mixed methods designs and a pragmatic paradigmatic view of researchers by outlining the benefits of engaging in qualitative-quantitative research beyond the suggestions of maintaining philosophical integrity. The research builds on mixed methods designs by adding that a combination of both qualitative and quantitative methodological approaches aids corroboration and the refutation of realistic phenomena or conclusions. Similarly, the findings also recommend that mixed methods design provides the opportunity for collaboration amongst differing methods, as different methodologies allow for the flexibility of performing different tasks within and across research. In this sense, the use of a pragmatic approach to research facilitates these notions in that it too affords the use of collaborative work across both qualitative and quantitative data to justify the findings of both sides.

The thesis adopted a pragmatic approach throughout the development of each subsequent study. This was done, not to engage in mixed methods designs for all three studies, but instead to adopt a multi method approach across all three studies. This was decided based on the existing literature informing the first study, and subsequently from the findings of study one, study two was developed, and leading into study three. All research was adapted to fit the needs of the developing project. Therefore, the researcher's view was that each study necessitated a varying approach to provide consistency and corroborate each of the relevant study's findings (Ryba et al., 2020). This is not to say that the researcher falls into the dichotomy of simply suggesting that methods, ontologies, and epistemologies are easily mixed (Sparkes, 2005), simply that this pragmatist approach is informed by the necessary growth of the research. A brief overview of this is detailed below.

The first study of the research employed a qualitative exploration methodology. It was argued that the existing literature surrounding mental health was largely demonstrating a prevalence of common mental disorders in athletes (Rice, Purcell, De Silva, Mawren, McGorry, and Parker,

2016), with recommendations suggesting that more qualitative research is required (Doherty, Hannigan, and Campbell, 2016) in this field to better understand the factors associated with this prevalence. Therefore, based on these recommendations the approach was decided in relation to exploring mental health experiences of athletes and focus on the meaning, subjectivity, and context of the experiences of the participant sample (Sparkes and Smith, 2014).

Study two subsequently developed from the findings of study one and as a result the paradigmatic stance shifted to a more objective, positivist approach (Whaley and Krane, 2011) to measure and theorise the themes that were discussed in study one. This led the researcher to develop a questionnaire in relation to the findings of study one and measure a significantly larger participant sample across multiple sports and professional levels. This afforded a much more objective approach with the goal being to provide an explanation and generalisation for the findings of study one's subjective, explorative design.

Study three shifted once more and returned to a more subjective qualitative approach as a result of the findings of study two. It was decided that the results of study two needed further exploration in relation to the support provision athletes were currently receiving within the professional sport environments. It was decided that the final study of the thesis would be to explore the experiences of professional support providers in a variety of professional sport environments to discuss what currently exists within these environments, the current culture in relation to mental health in professional sport, and recommendations for the enhancement of professional support provision moving forward. It was deemed by the researcher that a positivist approach would not have allowed for the interaction and engagement of participant experiences that this more interpretative approach afforded (Whaley and Krane, 2011).

Based on the approach to each respective study it was important to maintain the consistency of being pragmatic to suit the needs of the practical applications of the research and allow it to

develop naturally. For example, building from study one it would have been difficult to theorise the findings simply by conducting another qualitative study on a similar sample, whereas the positivist approach allowed the facilitation of a more applicable study to build on and bridge the gap towards study three. However, within pragmatism it is also reasonable to adopt a reflexive approach and be able to conduct the research and reflect on the findings to assess and shape how the research process moves forward (Sparkes and Smith, 2014). In that sense the researcher's pragmatic approach resonates with Dewey's (1931, as cited in Morgan, 2014) cyclical process of beliefs in action and actions informing beliefs to develop research which was informed by the findings.

In summary, pragmatism has informed the decision to adapt to the needs of the research. Meaning the researcher has avoided the risks of convoluting one's ontology and epistemology by engaging in mixed methods design within each respective study and instead developed the use of a multi-methods design across the thesis. This has informed a multi-tiered approach as each study has required a varying ontological and epistemological stance to choose a method that best fits the needs of the developing research and the study's aims to best improve the chances of addressing the problem. This approach allowed for the studies to focus on the most practical and applicable solutions rather than necessarily being concerned with the underlying philosophical assumptions of the method being used.

Structure & Aims of the thesis

The thesis has three empirical studies that explore different aspects in relation to mental health in professional sport. Whilst each of these studies has a varying focus in relation to the overarching topic of mental health in professional sport they are related in their approach to gaining an understanding of the experiences of common mental disorders of both current and retired professional athletes across a range of elite level sports and athletes within the UK. Between each of the chapters for the three empirical studies, a 'bridge' will be provided to highlight the rationale of the research and provide justification for how each respective study has developed from the last.

The main aim of the thesis is to explore the experiences and prevalence of common mental disorders of elite athletes but beyond this, the research aims to provide an understanding of how the existing support services and the willingness or reluctance to seek-help in athletes has also been affected by factors within their professional sport environments. As the research progressed from study one, another subsequent aim of this thesis has looked to assess the existing culture of professional sport and how this has impacted the perception and stigmatisation of mental health issues within elite level sport. Through this perception, an understanding of prevalence and stigma of common mental disorders in elite level sport are highlighted within the findings. Based on these findings practical implications of the thesis will be discussed.

Study One

The first study of the thesis was underpinned by the previous academic literature surrounding the prevalence of mental health issues in professional athletes. A growing body of work has provided substantial evidence that elite level athletes were arguably more susceptible to developing a common mental disorder compared to the general population. As evidenced in chapter one the existing literature has developed a significantly more robust understanding over the last ten years of the prevalence of common mental disorders in elite athlete populations. However, many of

these studies over this period has focused their efforts into addressing the issue of prevalence in the athletic populations, with factors associated with developing a common mental disorder often being a secondary finding to the main aims of the study. That is, some of these factors were appearing within the literature, but were not necessarily being directly investigated.

Study one was designed to explore the most common sub-factors that arose within the existing mental health literature to see if they were in fact commonly associated with common mental disorders in athletes. The main factors were outlined as: Identity crises, retirement transitions, long-term injuries, and coping strategies. The aim of the study was to:

1) Explore the mental health experiences of elite level athletes by engaging participants in a retrospective interview process whereby they detailed their professional careers, and their experiences, understanding and awareness of 'mental health' whilst playing, and subsequently into retirement.
2) Assess whether the factors of: Identity, retirement transitions, long-term injuries, and coping strategies were discussed in relation to their experiences of common mental disorders, as well as their understanding of mental health in professional sport.
3) Gain an understanding of the athletes' mental health literacy whilst playing versus when they retired, and if this affected their willingness to seek help for their mental health issues.

Study Two

The second study aimed to build on the findings of study one's explorative design. The themes of study one revealed common associations across participant experiences and the data showed these experiences surrounding mental health and stigma of common mental disorders in elite sport supported those of previous research findings. However, to confirm these themes and add validity to the findings of study one it was decided that study two would employ a more objective

approach and a questionnaire was designed to assess athlete experiences in relation to mental health within a professional sport culture. The questionnaire had five distinct scales, the first of which focused on overall mental health literacy and experience, the remaining four scales all queried participants' experiences of common mental disorders and mental health in relation to identity, transitions, injuries, and coping strategies. This design would allow for a larger participant sample whilst also looking to theorise the findings of study one. The aims of study two were to:

1) Theorise the findings of study one and confirm if identity, transitions, coping strategies and injuries influenced an athlete's mental health.
2) Explore whether stigma of mental health is still prevalent within professional sport and if it affected attitudes towards help-seeking behaviours and whether athletes would engage with professional support services within or outside of their environment.

Study Three

The final study built upon the findings of study two and aimed to explore the experiences and perceptions of professional support providers within elite sport settings, both employed directly by organisations and/or clubs, as well as working independently on a consultancy basis. These participants were all qualified and accredited sport psychologists, clinical psychologists, or sport psychiatrists. The study built on existing literature in relation to athlete attitudes towards help-seeking as well as also exploring the existing support provision that is provided to athletes, working amongst multidisciplinary staff in elite sport and providing recommendations on improving mental health support provision in elite sport for the future. The aims for the final study were to:

1) Explore experiences of existing support provision providers to gauge the current attitudes towards mental health and help-seeking from both staff and players in the elite sport setting.

2) Assess the current mental health support provision that elite athletes have access to and how it is currently utilised.
3) Explore potential recommendations of support service providers as to how elite sport can enhance mental health provision and referral systems as well as developing improved strategies in relation to what already exists in these settings.

Chapter 3: Study One
An Exploratory Investigation of Mental Health and Common Mental Disorder Experiences in Retired Professional Athletes

Study One – Bridge

As highlighted in the first chapter of this thesis many researchers have focused on the prevalence of depressive symptoms and common mental disorders within athletes. The rising number of cases of athletes developing a common mental disorder has been argued to be greater than the general population. However, there is currently a limited scope of understanding surrounding the experiences of athlete mental health, specifically in relation to how common mental disorders or depressive symptoms may have been developed during careers or upon retirement from professional sport. Furthermore, while many previous studies have investigated the 'what' of mental health in professional sport, in the form of prevalence, the first study of this thesis explores the potential 'why' of this phenomena. The first study of this thesis is an exploration of mental health and the experiences of retired professional athletes to understand mental health literacy, a potential underlying stigma of mental health in sport, attitudes towards help-seeking for mental health issues, and to add validity to previous findings of mental health prevalence alluding to possible antecedents that affect the mental health of professional athletes. The study adds validity to previous literary findings of mental health in professional sport and provides novel findings in relation to mental health literacy, factors associated with developing mental health issues in sport, the effects the culture of elite sport can have on the mental health of elite athletes, and how the stigma of mental health issues is still prevalent in elite sport settings.

Introduction to Study One

Some research has argued that retired male professional athletes have avoided seeking help whilst playing and have suffered with a common mental health issue during their careers and into retirement (van Ramele, Aoki, Kerkhoffs & Gouttebarge, 2017). This can often be correlated to the perception that athletes must maintain a 'masculine', or 'self-assured' persona (Gulliver, Griffiths & Christensen, 2012; Oliffe, Kelly, Johnson, Bottorff, Gray, et al., 2010; Oliver, Pearson, Coe & Gunnell, 2005; Sinden, 2010: and Tahinten & Kristjansdottir, 2018). Additionally, due to the possibly negative perceptions of ill mental health in professional sport, those who have suffered in their respective environments have only felt confident to seek help once outside the confines of their sport (Newman, Howells & Fletcher, 2016). This suggests a lack of openness or acceptance of mental health issues in professional sport environments in which athletes do not feel confident to disclose such sensitive information for risk of being 'dropped' from the team/squad, or potentially due to the stigma associated with a mental health issue (Gulliver, Griffiths & Christensen, 2012).

Research has suggested in some cases professional athletes are susceptible to developing a mental health issue once they have retired from the sport (Gouttebarge, Frings-Dressen & Kerkhoffs, 2015), and/or have suffered from a 'negative life-event' (van Ramele, Aoki, Kerkhoffs & Gouttebarqe, 2017), for example, childhood trauma, loss of a family member/friend, high levels of stress and anxiety, long-term injuries, etc. However, it is difficult to generalise these 'negative life events' across athletes as a common cause of mental health issues in professional sport.

There is growing evidence to suggest that long-term and severe injuries are a leading antecedent of mental health issues for both current and retired athletes with many arguing that suffering with an injury whilst playing leads to a common mental disorder, i.e., maladaptive coping strategies such as adverse eating behaviours, gambling addiction or alcohol/substance abuse (Alfermann, Stambulova & Zemaityte, 2004; Gouttebarge, et al., 2017; Gouttebarge, Tol, &

Kerkhoffs, 2016). Many of the findings within these recent studies would concur with the proposition that the professional support services of athletes suffering with long-term injuries are inadequate in the psychological rehabilitation compared to the physical rehab they will undergo (Arvinen-Barrow, Clement, Hamson-Utley, Zakrajsek, Lee, Kamphoff, et al., 2015; Clement & Shannon, 2011; DeFreese & Smith, 2014;).

There are strong suggestions that a narrow athletic identity and lack of pre-retirement planning are major contributors to developing a mental health issue upon retirement from professional sport (Grove, Lavalle & Gordon, 1997; Kerr & Dacyshyn, 2000; Lally, 2007; Lavalle & Robinson, 2007; Warriner & Lavalle, 2008). Furthermore, the use of adaptive coping strategies and pre-retirement planning has been outlined by researchers as potential intervention strategies in order to ease transitions out of professional sport and better prepare athletes for life away from their profession (Lavallee & Robinson, 2007; Stambulova,1994; Stambulova, Stephan & Jãphag, 2007; Torregosa, Ramis, Pallarés, Azócar & Selva, 2015; and Wylleman, Alfermann & Lavallee, 2004). This suggestion offers further support that there is a greater need for an increased level of psychological support and guidance in athletes' rehabilitation process in order to aid their well-being during injuries, when there is likely a loss of identity during this time (Larsen, Henriksen, Alfermann & Christensen, 2014; Lavallee, 2005; Martin, Fogarty & Albion, 2014; Maseko & Surujlal, 2011; Park & Lavallee, 2015; Park, Lavallee & Tod, 2013; Park, Tod & Lavallee, 2012). The present study aims to build on this suggestion as it looks to investigate the experiences of retired professional athletes, drawing on their perceptions of professional support services during times of injury, and how this influenced their mental health.

Gouttebarge, Frings-Dressen & Kerkhoffs, (2015) and van Ramele, Aoki, Kerkhoffs & Gouttebarge, (2017) have suggested that athletes who have suffered with a common mental disorder (E.g., Anxiety/depression, adverse eating behaviours, adverse alcohol use, sleeping disturbance and

elevated levels of career dissatisfaction and prolonged periods of distress) report a history of mental health issues upon retirement. Therefore, it is proposed the reasoning behind this is twofold - (a) that the culture of professional sport does not allow for any demonstration of a potential 'weakness' (Oliffe, Kelly, Johnson, Bottorff, Gray, et al., 2010; and Oliver, Pearson, Coe & Gunnell, 2005; Sinden, 2010); and (b) that athletes may have suffered from a mental health issue, and being involved in the sport has led to negative symptoms of a mental health issue remaining dormant (Stanton & Reaburn, 2014; Newman, Howells & Fletcher, 2016).

Many researchers outline the potential multifaceted issues professionals may face during transitions, including - high levels of stress and anxiety (Stambulova, 1994; and Stambulova, Alfermann, Statler & Côté, 2009), a lack of social support (Morris, Tod & Oliver, 2015; Richardson, Littlewood, Nesti & Benstead, 2012), lack of coping strategies, psychosocial skills or understanding of transitions within clubs (Larsen, Alfermann, Christensen, 2012; Morris, Tod & Oliver, 2015), and even failure to effectively prepare or plan for transitions more generally, e.g., retirement (Lally, 2007; Lavallee & Robinson, 2007; Park & Lavallee, 2015; Park, Tod & Lavallee, 2012; Stambulova, Stephan & Jãphag, 2007). All of these areas provide details of potential factors (e.g. injuries, retirement etc.) that may affect or lead to a mental health issue, but very little consideration of how and why this may be a negative influence on athletes' mental health has yet to be explored. Therefore, the literature provided here suggests there are currently limitations in the understanding of the lived experiences of professional athletes in relation to the above areas. It is then pertinent to argue that a more qualitative approach is required to examine professional athlete experiences and perceptions of mental health issues, the support services developed around these areas as well providing recommendations as to how to improve on the existing support services within the professional sporting environments.

The present study provides a unique, qualitative insight into the antecedents leading to depression and mental health issues within retired professional athletes. The results provide an often difficult to obtain insight into professional sport environments by providing a unique investigation into the life and sporting experiences of individuals who have achieved and retained the highest elite status possible within each of their respective sports. This will provide an understanding and knowledge of the possible antecedents that may negatively affect athletes' mental health during their playing careers, and subsequently into retirement from the professional game. This study seeks to provide improved recommendations for the future development of professional support services with regards to interventions of mental health issues in sport. Furthermore, by exploring these antecedents the present study aims to seek clarity surrounding best practice of enhancing mental health literacy for athletes within a professional sport environment.

Methodology

Participants

During the recruitment stage purposeful sampling was employed due to the previous success it has had in exploring qualitative explorations of athletes' experiences (Doherty, et al., 2016; and Kirby et al., 2011). Participants (*male, n = 4*) were all retired professional British athletes. Respondents were two ex-professional footballers, an ex-professional rugby league player, and an ex-professional cricket player. Participants had a wide range of experience (*7 - 17 years,* $\bar{x}$ *= 12.2, SD ± 4.6*) within each of their professional sports, commencing from youth stages, through developmental stages of professional expertise (e.g., academy phases), into senior professional athletes, and all were subsequently selected to represent their country at international tournaments. To further illustrate the expertise of the participants, all four achieved successes in their careers through winning a major trophy/event, and in the case of one of the footballing participants they had achieved sustained success over a number of seasons, winning multiple trophies. As such the

participant sample resonates with Doherty, Hannigan & Campbell's (2016) definitions of both the 'successful-elite athlete'; stating they have completed at the highest elite level and experienced some success, i.e., 'winning an event or medal'; and, the 'world-class elite athlete', which states a prolonged period of success over time, i.e., winning numerous events, or victories over several seasons. This sample provides a rare insight into the mental health experiences of professional athletes in the U.K., a sample which has become difficult to obtain in research. This particularly unique sample is representative of the highest achievable elite level possible across the sports included in this study. Furthermore, due to the often-sensitive nature of disclosing and discussing mental health issues, this study provides a sample which is not only unique in the participants' experiences of elite-level sport, but also their experiences of mental health issues during their respective careers and post-retirement. Therefore, this sample provides a rare insight into the mental health experiences of professional athletes in the U.K., a sample which has become difficult to obtain in research.

To be eligible for the study participants must have been an elite level athlete and suffered from mental health issues either during or post-career. Participants voluntarily disclosed that they had been diagnosed with a mental health issue either during or post-career. Potential participants were excluded from the sample if they had not experienced any diagnosed mental health issue, therefore, the four participants were included based on their expertise in sport and their history of mental health issues.

Procedure

After ethical approval from the department of Sport & Exercise Sciences, Liverpool John Moores University, contact was made with participants via an email; a participant information sheet detailing the risks, purpose, safeguards and potential benefits of the study, and finally a copy of a consent form for their perusal prior to the study taking place was attached to the email. A

willingness to participate was received from all four participants that were contacted, and data collection began in September 2017, lasting 3 months.

Interviews

A semi-structured interview schedule was developed based upon Sparkes and Smith's (2014) guidance, which is outlined as follows; (1) drawing on existing literature (in the case of the present study, existing mental health in sport related research) is used to provide a background of understanding to establish the questions. (2) Reduce the list of questions and use open-ended questions. (3) Refining the questions. At this stage it is recommended by Sparkes and Smith (2014) to structure the line of questioning in a way that avoids unnecessary language, jargon, and academic terminology. (4) Grouping the questions into relevant themes and placing the more 'sensitive' line of questioning towards the middle and end. This was outlined in the present study by establishing a line of questioning that first centered on the participants' experiences in sport and outside of sport, before focusing on their mental health experiences. The semi-structured interview schedule allowed for the participant and interviewer to engage in a fluid discussion to elucidate meaning surrounding the athletes' lives, experiences within professional sport, their knowledge and experiences surrounding mental health, and subsequently how the two areas of professional sport and mental health aligned during and post-career.

This schedule allowed for questions to be introduced into the semi-structured interview that would centre around the athletes' experiences and literacy both during and post-career. Due to the sensitive nature of the topics being explored throughout the research, the researcher predicted some resistance to discussing personal experiences of mental health issues, and therefore in order to facilitate the story of the participants, the interview questions followed the recommendations of Smith, Stewart, Oliver-Bennetts, McDonald, et al., (2010), in developing a line of questioning that

would provide opportunities for participants to speak candidly regarding their own experiences and behaviours surrounding mental health in sport.

These recommendations followed the same process with regards to establishing a line of questioning that was relatively unobtrusive and more diffused, thus allowing participants to respond both directly and indirectly about their experiences of mental health issues. This allowed the interview to flow in a more relaxed manner, thereby providing the interviewer the opportunity to develop trust with the participants over the course of the interview where participants then felt more confident at disclosing more personal details pertaining to their mental health.

Data Analysis

All four semi-structured interviews were conducted following the interview schedule outlined above and recorded on an audio recording device. Interviews lasted between 39 — 88 minutes ($\bar{x}$ = *64 minutes)*. Interview data was then transcribed verbatim. Data was transcribed to protect confidentiality and anonymity of participants – as such pseudonyms are used when referring to participants. Pseudonyms are as follows: 'John', 'Alan', 'David' and 'Simon'. Any personal information provided is marked as '[confidential]'.

A thematic content analysis following Braun and Clarke's (2006, 2013) six phases of thematic analysis was conducted to enable the dissemination of key themes. These stages are outlined as (1) Familiarisation of the data. (2) Generating initial codes. (3) Searching for themes. (4) Reviewing themes. (5) Defining and naming themes. (6) Producing the report.

These findings not only illuminate the understanding of mental health issues in sport on an individual basis, but also reveals any in-depth similarities of the experiences of mental health issues across the four stories, which may provide some clarity on how best to improve the literacy, awareness, and treatment of mental health issues in professional sport.

Trustworthiness

The trustworthiness of the study was assured through guidelines set out by Tong, Sainsbury, and Craig (2007) and Yardley (2017) to assure validity and reliability in the qualitative findings of the study. For example, upon completion of transcription of the interview data all participants were sent their transcripts and were asked to review and confirm this was an honest account of the information they had provided. Participants were also afforded the opportunity to add, delete or rework any information they felt did not accurately represent their experiences. Furthermore, samples of the analysis were discussed and cross-analysed amongst the research team. These discussions allowed for a consensus to be agreed amongst the researchers as to which themes were most prominent and validating the overall process of the thematic analysis that was conducted. After themes were agreed upon, these were then reviewed alongside the corresponding excerpts of the data to ensure the write up of the findings demonstrated an accurate representation of the themes and provide reliable and valid meaning to these findings.

Findings

As a result of the analysis four main themes associated with the mental health narrative emerged from the data. The four main themes were: (1) *Injuries Affecting Mental Health*, (2) *Transitional Effects on Mental Health*, (3) *Identity Crisis Leading to Mental Health Issues*, and (4) *Coping Strategies to deal with Mental Health Issues*. All relevant themes and sub-components are discussed. Relevant excerpts from the data, combined with previous academic literature to support and enhance the findings of the analysis are included.

Injuries Affecting Mental Health

Reoccurring and Career-Ending Injuries. One of the most prevalent themes throughout the interviews was the discussion surrounding injuries within sport. As Hawkins & Fuller (1999) discuss, ‘the likelihood of professional footballers suffering from an injury within

their career is 1000 times more likely than any other profession'. This is increasingly reinforced in academic literature, supporting the argument that long-term or severe injuries can have serious implications on an athlete's mental health regardless of the sport in which they participate (Gouttebarge, et al., 2017; Gulliver, et al., 2015). 'John' expressed the immediate adverse psychological effects of suffering with a long-term injury in professional sport, and the responses of the staff placed in charge of their care:

> *In my environment, you always felt an outcast when you were injured, but because you wasn't a part of the team you had to train before or after the team.*

The data here is evidence that suffering from a long-term or severe injury within professional sport can cause an immediate disconnect between the individual suffering with the injury and the rest of the team/staff. This resonates with previous arguments raised by Gouttebarge, Frings-Dressen & Sluiter (2015) that a common mental disorder is likely to occur by isolating athletes when suffering with an injury. The link between suffering a severe injury and mental health issues is evident with participants reporting mental health issues such as anxiety, stress and depression. 'David' expressed the severe effects that an increasing sense of anxiety can have on their mental state when dealing with a severe injury:

> *My dream was slowly diminishing before my very eyes and no one had anything to say to me or any kind of support, any kind of guidance or help, or even to give me 10 minutes of their time. It got to a stage where it was that bad that I wasn't sleeping. I carried guilt around with me, frustration and a longing that I wasn't going to play again.*

The current study results strengthen those of Gouttebarqe et al's (2016) research, whereby two participants revealed a relationship between suffering a severe injury in professional sport with a common mental disorder and adverse health behaviours. 'Simon' provides an interesting

perspective regarding the link between injuries and mental health, suggesting that regardless of the injury, professional athletes may suffer with some form of psychological trauma alongside their physical injury:

> *It's not just someone with a mental health issue, but the injury side of it as well where you can get a really bad injury and you bust your knee, your ankle, your hip, your back, but fundamentally, whatever your game is you've always got to suffer mentally because of it. It's all related. It's all related.*

'Alan' also provides further backing to the idea that athletes may suffer negative psychological responses when they suffer injuries in their careers. The participant below discussed the negative psychological response they suffered when dealing with a severe injury and during interview outlined that the psychological response to a long-term or career-ending injury is akin to the same process we go through when grieving for the loss of a loved one. 'Alan' had discussed grieving over the loss of one his parents in the same way that he had first responded to the news of his severe injury:

> *It is very similar… I lost my mum 6 years ago. You get a lot of the same kind of feelings. Anger, you get angry. You blame yourself… And you do the same with the injury —you do a lot of thinking.*

Therefore, contrary to previous research findings (Gouttebarge, Aoki & Kerkhoffs 2015; Gouttebarqe, et al., 2016; Gouttebarge, Tol & Kerkhoffs, 2016) which have suggested the prevalence of mental health issues associated with severe injuries, the present study provides an insight into the lived experiences of athletes coping with a severe injury whilst also suffering with a mental health issue. This offers deeper meaning to our understanding of how athletes may be vulnerable to a common mental disorder when faced with a severe injury and is worthy of further

investigation to assess the psychological needs of athletes during times of severe injury in professional sport.

The data provided also offers support for the argument that professional athletes suffering with a severe injury are perhaps more vulnerable to suffering a response which also mirrors the process we face when sequencing through stages of grief (Walker, Thatcher & Lavallee, 2007). At first glance, this perhaps could be viewed as an extreme response due to a lack of self-awareness regarding their psychological needs. However, there is an argument to suggest that the data provides a perception as to the feelings of loss of their sport during this period of injury.

Support Services of Athletes with Severe Injuries. Injuries Affecting Mental Health provide an intriguing insight into the initial and long-term mental health effects some professional athletes may face when dealing with severe injuries. However, during the time athletes faced these issues, it was discussed throughout the four interviews that while some support services, such as the physio, was often a reliable figure to disclose their well-being to. The professional psychological support services participants required during these periods of vulnerability within their mental health was often found to be absent. 'John' expressed some positive views on the role the club's physiotherapist can play when aiding the psychological recovery of athletes with injuries -

> *I was lucky that the physio that I had was a female and she was just a nice girl who was… She had a sympathetic ear and I'd probably told her a lot more than I would've told anybody else, but I still didn't give her the full truth.*

While 'Alan' expressed their knowledge on the current situation of professional support services within professional football, briefly highlighting the Professional Footballers' Association (PFA) –

an organisation within Britain created to support professional players during their careers, as well as offering a range of support services post-retirement -

> *It's all right saying to somebody yeah he's got a mental health problem and he's been given all the advice, but now what? I think the PFA are very good, PFA are very good with it [Mental Health Support].*

The issue of available professional support services within elite sport is evident across varying sports (e.g., football, cricket, rugby, swimming, athletics etc.) as numerous researchers argue for an enhancement of the professional support services in place to prevent and treat mental health issues in professional sportspeople (Coyle, Gorczysnki & Gibson, 2017; Doherty, Hannigan & Campbell, 2016).

It was consistent across all four participants that there was not enough psychological support available within each of their respective clubs. This is further highlighted by 'John' as he indicated that the only available support service was the physio, who was not trained to provide effective counselling for the issues he had disclosed. There was an underlying problem with players receiving immediate access to support within their club, inferring that the main concern was the signposting of available support, as well as the possibility to receive support outside of the sporting environment. 'Alan' indicated that the PFA are providing some effective support, but also mentioned that as a player he was unaware of the next stages once he had disclosed his mental health issues. This suggests that there is a limit to the available professional support service within the environment, thereby limiting the possibility of effective support and treatment. This added to the difficulty of being able to receive professional support, as 'Simon' identified -

> *There is a certain issue with mental health because these guys do give everything they've got to achieve, to be successful, to dedicate themselves to the cause of that team, that*

environment and that sport. I believe that we need to try and find the resources as much as you can to try and help these guys wherever they are. Support that individual and see them through, certain things and support it does cost money, of course it does, but we need to find budgets and certainly find reserves to help people who want to dedicate their lives to entertaining people.

Previous research (Gouttebarge, et al., 2016; Gouttebarge, Frings-Dresen & Sluiter, 2015; Gouttebarge, Tol & Kerkhoffs, 2016; Gulliver, et al., 2015), on social support and support services, provides evidence to suggest a greater need for qualified, professional staff to be employed within sports clubs to successfully support, guide, and treat professional athletes psychologically as well as physically. The present study enhances these findings as the participants draw on their careers as professional athletes to reflect on what needs most improving within these support services. Professional support services exist within professional sport, however, as the participants highlight above, the availability of mental health related support services require specific improvement. There is a suggestion from three of the participants that the availability of clinical or psychiatric support was not available to them during their careers. The excerpts above also indicate that the national governing bodies associated with the sports could improve the available services to help in these areas moving forward.

Transitional Effects on Mental Health

Within-Career Effects on Mental Health. Transitions within professional sport have been a widely investigated research area (Morris, Tod & Oliver, 2015; Stambulova, 1994; Stambulova, Alfermann, Statler & Côté, 2009; Wylleman & Reints, 2010) of which specific processes of physical and psychological development during the various age categories of professional sport have been outlined. The research provides an enhanced understanding and recommendations to improve the processes in which to better support youth-level professionals in

their development towards achieving a professional contract. The research also highlights the support structures required from parents and coaches alike to aid in the transition from youth-to-senior level sport.

'David' provided some detailed views on the current status of transitions within professional Premier League football clubs. As a result of his experiences playing in professional football, 'David' was able to provide an insight into how a poorly managed transition can have negative consequences on an individual's mental health -

> *If that transition isn't managed in the right way there will be an impact on someone's life, which means they will never have that contentment, and they will always have some form of resentment, or regret about that experience that they had.*

This statement adds further support to Morris, Tod & Oliver's (2015) notion that a proactive approach to managing and supporting the transition from youth-to-senior professional sport is integral to yielding positive consequences. The negative 'consequence' to be avoided in this case refers to the potential of suffering with a mental health issue during a poor transition from youth-to-senior sport. This could cause further difficulties in the youth-to-senior transition, such as potentially causing early drop-out from the sport (Stambulova, 1994; Stambulova, Alfermann, Statler & Côté, 2009). 'David' also expressed concerns about the exit strategies of professional football clubs for those who are unable to make the full transition into first-team professional football.

> *73% of players that sign their first pro contract are out of the game by the time they're 21. Who's supporting those boys and what conversations are being had? What's your club exit strategy like? It's a life-long impact, a life-long impact if the transition isn't managed well.*

This type of transition for individuals out of the sport may suggest a link with developing common mental disorders (Stambulova, Alfermann, Statler & Côté,2009). English football youth players are faced with dealing with a high-tempo, aggressive environment (Richardson, Littlewood, Nesti & Benstead, 2012) on a daily basis to succeed in transitioning into a senior first team. A sudden transition out of the professional game having invested a significant portion of their life into the sport could be argued to be perceived as a negative life-event (Gouttebarge, Aokai & Kerkhoffs, 2015). This negative life-event within the present study is discussed as being poorly managed once these players exit the sport, and thus must be investigated further to facilitate greater mental health support to cope with this sudden loss.

Retirement from Professional Sport. Many researchers have investigated and highlighted that professional athletes retiring from their chosen sport may suffer with negative psychological consequences as a result of retirement, regardless of whether it is voluntary or involuntary (Kerr & Dacyshyn, 2000; Lavallee & Robinson, 2007; Martin, Fogarty & Albion, 2014; Park, Tod & Lavallee, 2012; Roberts, Mullen, Evans & Hall, 2015). In support of the findings of the previous studies, the current study participants, 'John' and 'Alan', recalled significant rises in psychological distress in preparation for and then during their retirement from their sport.

John

A big worry for me was that the next career that I went in to I felt — the pressure that I put on myself - I felt that I needed to be as successful and enjoy as much, if not more as my rugby career, because I'm going to be doing it for twice the length of time.

Alan

Footballers like to be told what to do, when to do it, how to do it, what to wear, what to eat, what time to be there, etc, etc. They don't like thinking for themselves, so on their first day when they wake up and they've got no club to go into, they've got to think for themselves, and they've got the time to think in the day. That's when they struggle, when they really struggle.

Of the four participants interviewed, only 'John' experienced what is termed as a normative or voluntary transition from their sport. The participant attributed this to redefining their long-term goals as a consequence of losing interest in sport-related goals (Park, Tod & Lavallee, 2015). 'Simon' discussed the effect injuries had on their career, highlighting the number of injuries they had suffered during the latter stages of their career had begun to affect their performance. This led to a conscious decision to retire at the end of the season, suggesting 'Simon' also experienced a normative transition from their sport. Participants 'Alan' and 'David', however, were forced into retirement from sport due to severe injuries, resulting in an involuntary decision to retire from the sport (Taylor & Ogilvie, 1994). This non-normative transition experienced by the two participants was suggested to have negative consequences for their mental health, as they experienced issues of low self-worth, stress, and anxiety as a direct result of their involuntary transition from the sport. Participants 'John' and 'David' were asked to detail their experiences of retirement and how this could have impacted on their mental health. Both participants recalled consistent issues surrounding the loss of sport, regardless of whether they had transitioned from sport on a voluntary or involuntary basis.

John

There was a lot of worrying and a lot of frustration around that time, which again looking back just added to me — to the way I was starting to present and behave myself. kind of pushed that to one side with putting my business plans in place and getting that up and

running, but all I'd done was kept sweeping it under the carpet and that all came to the fore a couple years later.

David

No. I don't think I've ever been content within myself, for me personally, ever since I retired. Because of how my transition wasn't managed and wasn't supported…I'd go as far to say that it (retirement) has impacted on my life ever since then, and not in a positive way…

Despite whether athletes have consciously decided to retire or have been forced to retire due to injury there is still a concern surrounding the risk of facing mental health issues due to the narrow athletic identity displayed here. The findings here support those of Park, Lavallee & Tod (2012), in that intervention strategies should be provided at various stages of a career, as opposed to waiting until career-end. This is demonstrated in the above excerpts as both participants discuss the dissonance they felt in their sense of self-worth outside of their sport once retired.

A greater need for support services to successfully prepare and manage the transition out of sport is needed to prevent the risk of mental health issues (Lavallee, 2005; Roberts, Mullen, Evans & Hall, 2015; Wylleman, Alderman & Lavallee, 2004). This enhancement will therefore allow for a more accurate and personal pre-retirement plan structured to the athlete's needs and ultimately deal with life outside of professional sport.

Identity Crisis Leading to Mental Health Issues

Athletic Identity Approach. The current study has highlighted injuries and transitions as an antecedent for mental health issues in professional athletes. It is also evident within the current data that identity issues are prevalent within professional sport, and these identity crises can play integral role in the causes of mental health issues when dealing with transitions and retirement.

Previous researchers have looked to investigate the link between identity and retiring from sport (Cosh, Crabb & LeCouteur, 2013; Grove, Lavalle & Gordon, 1997; Kerr & Dacyshyn, 2000; Lally, 2007; Lavalle & Robinson, 2007; Park, and Lavallee, 2015; Warriner & Lavalle, 2008) to understand the potential negative effects the retirement transition can have on an athlete's sense of self. The present study adds rigour to these findings as participants revealed that their identity was threatened when exiting sport. Additionally, participants discussed that a severe injury during their careers negatively affected their identity as they recognised themselves solely as 'athletes', rather than recognising they had a broader sense of self outside of sport. 'David' said -

> *I had no identity and I had no purpose. What happened as well was because I wasn't supported and I had no identity, you're always striving to try and find something that will give you that sense of worth and value.*

When pressed further on the issue, 'David' also offered the following experiences of being injured and the subsequent issues faced upon retirement -

> *I used to do that every day when I used to go into the club — I'd put a front on.*

> *I've always had gaps in not finding something that was for me, I never felt fulfilled, I never felt truly valued and my self-worth now still fluctuates between happy and content to something's missing, something's not right.*

The excerpts above highlight the lack of positive support services provided and in the cases of the participants this facilitated the development of a common mental disorder (Lavallee & Robinson, 2007; Stambulova, Stephan & Jãphag, 2007). Professional support services must be addressed to provide support, not just within careers, but throughout retirement to reduce the risk of mental health issues in current and retired professional athletes (Stambulova, 1994; Wylleman, Alfermann & Lavallee, 2004).

All participants within the study expressed both the positive and negative implications of having a strong athletic identity. Reflecting on their experiences allowed them to discuss in-depth how defining a strong athletic identity was influenced by the environment/culture of the sport and teams they played in, as well as the relationships and demands of being a professional sportsperson. As John says -

> *Looking back, the traits to me of we all put this brave face on, nobody was showing any weakness and a very banter orientated environment. That little chink in the armour would have been exposed and it would've been laughed off, don't get me wrong, but there's always this little seed kind of ticking over in the back of your brain.*

Participants within the study all highlight a range of potential variables that contribute to developing a strong athletic identity, including, environment/culture, coaches and managers, teammates, and most prominent is the preconceived notions of masculinity which were discussed to be influenced by the professional environments they inhabited during their careers. 'John' expressed that, due to these notions of masculinity within professional sport, males may find it difficult to open up about their mental health as it would be perceived as a potential 'weaknesses' (Oliffe, Kelly, Johnson, Bottorff, Gray, et al., 2010; Oliver, Pearson, Coe & Gunnell, 2005; Sinden, 2010). John said -

> *Although I think it's a societal problem, and it's a male problem. If you're a male sportsman, you've kind of got more of an ego, you're in the public eye, you're looked up to, they see you as warriors or these kind of... Some of these footballers are seen as immortals.*

The assumption that masculinity must be maintained within professional sport to avoid appearing 'weak' is supported in previous literary findings (Brownhill, Wilhelm, Barclay & Schmied, 2005; Newman, Howells & Fletcher, 2016; van Ramele, Aoki, Kerkhoffs & Gouttebarge, 2017). This suggestion provides an argument whereby we may infer those male athletes are less likely to seek support due to the risk of being perceived as weak within the professional sporting environment. The present study provides some insight into the experiences of males and perceived notions of masculinity in professional sport; however, this needs further investigation to add further validity beyond the present study's sample.

Broad/Dual-Identity Approach. Participants identified that having a strong athletic identity can cause mental health issues, while they were also able to come to the realisation that having a broader sense of self was beneficial to coping with mental health issues. Furthermore, participants indicated they were able to learn to recognise the detrimental effects having a narrow athletic identity can have on their mental health. 'David' provides some clarity on this as he was able to broaden his identity upon retirement from professional sport, inferring the positive effects this had on his mental health -

> *My identity was all about football and without that I was nothing, and that's literally how I saw myself. So, it was that realisation that I am a Dad, I'm a husband, I'm a friend, I'm a charity patron, you know, I'm a professional person now working in the game and these are all things that I've got.*

Torregosa, Ramis, Pallarés, Azócar & Selva's (2015) study suggests that a "dual-identity" (that is having more than one singular identity, e.g., a narrow athletic identity as 'David' mentions above - "my life was all about football") is more conducive to being able to cope with being out of professional sport. This suggests that having a broader identity is likely to facilitate a greater sense of contentment and self-worth once athletes transition out of professional sport.

The argument is that encouraging a professional athlete to consciously invest in developing both their athletic and personal self will more likely allow them to positively cope with transitioning out of sport. This can apply to both retirement and rehabilitating from a severe injury. Research in this area has repeatedly stated that pre-retirement planning, and positive coping strategies are able to enhance an individual's transition out of sport whilst avoiding identity crises by broadening their identity to interests outside of their respective sport (Lally, 2007; Lavallee & Robinson, 2007; Stambulova, Stephan & Jãphag, 2007). However, 'John' offered an argument to suggest that not all athletes are given the opportunity to broaden or create a dual-identity until after they have retired -

> *Unless you're given opportunities to be involved or to use some of your transferable skills, you're never going to know. A lot of players it's the anxiety and the worry of finishing that stems a lot of the anxiety and the depression, which leads on to the drinking and the drugs, and it's just trying to mask everything.*

The above excerpt highlights a greater need for pre-retirement planning, and the introduction of educational based interventions to enhance mental health literacy in youth players. This would enable an increase in an athlete's self-awareness much earlier in their careers to avoid the risk of mental health issues towards retirement (Lavallee, 2005; Roberts, Mullen, Evans & Hall, 2015; Park, Lavallee & Tod, 2012; Wylleman, Alfermann & Lavallee, 2004).

We must not assume that all athletes are at risk of suffering mental health issues as a result of a strong, or narrow athletic identity when facing the transition out of sport. The present study's participants identified themselves in this manner and suffered with greater mental health issues and depressive symptoms because they were unable to find greater meaning in their lives without being involved in professional sport.

Coping Strategies to Deal with Mental Health Issues

Maladaptive Coping Strategies Affecting Mental Health. Coping strategies can be wide ranging and often specific to individuals' needs. Research into this area has often highlighted that adaptive coping strategies are an integral part for an athlete dealing with the day-to-day stresses, anxieties, expectations and demands of high-intensity professional sport (Adams, Coffee & Lavallee, 2015; McArdle, Moor & Lyons, 2014; Richardson, Littlewood, Nesti & Benstead, 2012). However, what has been less publicised is the effects of maladaptive coping strategies on a professional sportsperson's mental health. Within the present study, one finding revealed that suffering with mental health issues can also facilitate or be facilitated by maladaptive coping mechanisms. In the case of the participants of the current study, maladaptive coping resulted in substance abuse including alcohol and prescription drugs; adverse behaviour changes; such as sudden or 'out of character' changes in routine and diet, and severe changes in personality, for example, prolonged low mood states, aggressive or confrontational behaviour, extended periods of anxiety and stress and a reluctance to engage in social interactions (i.e., becoming increasingly isolated or 'distant') and for one participant contemplation of suicide. Of the four participants interviewed within the present study, participants 'John', 'Alan', and 'David' all admitted to demonstrating and engaging in maladaptive coping behaviours which, by their own admission, ultimately either caused some form of mental health issue or caused their mental health to deteriorate. In the case of 'John', this subsequently lead to him contemplating taking his own life -

> *At the time I didn't know whether I had a drink problem, I didn't know whether I had a drug problem and I didn't know whether it was depression. There was just this three-way cycle going on that I didn't know which ones to start unpicking first.*

> *Too much time in my own company and things came to a head where I almost took my own life while I was at that place… That's where that took me.*

‘David’ also expressed another coping mechanism of regular physical activity in the form of moderate long walks, to which researchers would suggest is commonly an adaptive coping strategy and a preventive/treatment measure of depression (Kvam, Kleppe, Nordhus & Hovland, 2016; Schuch, Dunn, Kanitz, Delevatti & Fleck, 2016). However, due to his mental health issues and lack of professional support at the time, it became a maladaptive coping mechanism to confine himself to his own anxieties and stresses as he began to ruminate on his own mental health during these long walks -

> *I was counting steps, just counting. I’d walk at 2-3 in the morning, put my hood up and I’d just walk and I’d walk in the dark by myself. Just ruminating and all this anger and frustration, all this anxiety, and all the guilt as well. This is how sad it was. I would count the steps to the petrol station I used to walk past. To focus on anything other than thinking about my injury. So I would just count.*

There is mounting evidence for the potential negative effects rumination can have on the mental health of an athlete (Tahtinen et al., 2020; 2021), suggesting that without the support from a professional support service, ruminating without appropriate intervention could be viewed as a negative coping mechanism. Further elaboration by the participant indicated that the support of a qualified professional psychiatrist helped direct their rumination towards a positive coping strategy through enhancing their emotional intelligence. However, it was noted by the participant that they did not seek counselling from a professional until some years after their retirement, indicating an early awareness of mental health issues but maintaining a reluctance to seek help.

Adaptive Coping Strategies Improving Mental Health. Participants expressed positive changes in their psychological well-being once they had introduced positive coping strategies. The below data provides further support for the need to encourage a positive social support system both within their sport, via team-mates and professional psychological support staff (Park, Lavallee &

Tod, 2012; Richardson, Littlewood, Nesti & Benstead, 2012; Roberts, Mullen, Evans & Hall, 2015), as well as outside of the sport with family members and friends (DeFreese & Smith, 2014; Lavallee, 2005; Lavallee & Robinson, 2007; Roberts, Mullen, Evans & Hall, 2015). By receiving support from qualified support services, as well as being encouraged by peers and family to receive counselling, participants 'Alan' and 'Simon' were able to treat and manage their mental health issues during their careers, compared to participants 'John' and 'David' who did not receive this support until post-retirement -

Alan

We worked hard together, we pushed each other. We used to have like, do you know the rowers? We used to have like 2000 metre races and things like that, so that kept us going. We used to feel sorry for each other I suppose and talk to each other about it, which was kind of a good coping mechanism.

Simon

I suffered… Badly. But I was lucky enough to have some good teammates around me. Probably saved me from walking away from the game…

Both 'Alan' and 'Simon' were able to form positive coping strategies centered around their rehabilitation, suggesting the ability to engage in some form of physical activity aided their ability to cope and provide some respite for depressive symptoms (Kvam, et al. 2016). This also allowed them to interact with teammates during times when they suffered with injuries. For example, these were informed by the above excerpts, but additionally discussed in relation to feeling a sense of camaraderie, and belonging, which could be argued to have a positive effect on their mental health as they felt less isolated in the professional environment. This interaction provided opportunities for friendly competition and the opportunity to develop a positive environment in which they felt

comfortable to discuss their issues with each other, offering a form of informal therapy and communal coping. This informality helped relieve feelings of stress and improve their sense of self, enabling an enhanced level of awareness in relation to their mental well-being.

'David' recalled that receiving professional counselling outside of his sport increased his self-awareness of his own psychological well-being. As a result of the counselling, he was able to recognise the signs and symptoms of his depression more successfully in order to develop adaptive coping strategies unique to his individual needs. He recalled the positive effect of these sessions as he reflected on his career and through guidance was able to pinpoint moments in which he recognised the feelings of anxiety and stress which had built up. This improved self-awareness of his own feelings and experiences allowed him to pre-emptively address moments of anxiety and stress brought on by his mental health issues as he was able to recognise them much earlier than he had been able to prior to counselling -

> *There are things that I learned by going to counselling to really give me the coping mechanisms to go and deal with — and how to find that part of me to fill that gap, the void, and to get what life is all about and then find some self-worth and some value, and some purpose.*

The coping strategies focused around reflection and relaxation techniques. All participants discussed the positive influence of maintaining a physically active life, whilst 'David' mentioned the benefits of meditation and how he had incorporated this alongside breathing techniques into his daily routine to help him relax as well as cope on the days where he may still face low mood states.

Adaptive coping strategies – as discussed by participants – are clearly a positive influence on an athletes' psychological well-being. All participants, however, sought professional counselling

and treatment outside of sport, due to what they believed to be a lack of availability and signposting within the sport.

Like previous studies (Lally, 2007; Lavallee & Robinson, 2007; Stambulova, Stephan & Jãphag, 2007), all participants expressed a greater need for increased awareness, and use of professional support services. This was further emphasised by participants suggesting the implementation of processes that specifically target and respond to mental health issues within professional sport (Lavallee, 2005; Roberts, Mullen, Evans & Hall, 2015; Park, Lavallee & Tod, 2012; Wylleman, Alfermann & Lavallee, 2004). Participants 'John' and 'David' offered these statements in support of introducing greater and more efficient support services targeting mental health in elite sport -

John

From someone who suffered as I did, and I look back now and I see these players who are at the top of the game and still come out and talk about it, I think it is so commendable. I just wish more (players) would do it because they're then setting an example to the kids then. It is okay to talk, it is okay to show some emotion, it is okay to not feel good all the time, it's okay to not be okay, as they say. The more that they can do that, then the new cohort of players that come through will come through with that mentality.

David

If you're able to grasp the opportunity and use what you've had and the experiences, and the learning and the enjoyment, and use that to give you that lift with what's next for you with an open mind and an exciting mind, then you can get in touch with a great place and you wouldn't have as much mental health problems,

and you'd certainly be able to signpost, but there's not enough people at the top that are talking about it and that's what I'm going to push for. I am, I am. We can get to that situation.

'David's' suggestions here could infer that there is an increasing need for UK sporting organisations (i.e., The Premier League, The FA, The RFL, RFU, ECB, Sport England, British Athletics etc.) to take a firmer stance on the topic of mental health issues. This suggests a process of increasing the awareness, education and interventions surrounding mental health issues in sport, whereby the message and processes introduced from lead organisations across sports can prevent mental health issues in professional athletes. The overall goal of professional sport organisations in this instance would target the improvement of mental health services in sport and ultimately preventing the risk of suicide in elite level sport.

Strengths, Limitations, and Implications for Future Research

Strengths

The present study aimed to investigate the possible antecedents leading to mental health issues in professional sport. The present research provides a qualitative investigation into mental health issues in professional sport, whereas many previous researchers have provided a much more quantitatively focused approach in this area (Drawer & Fuller, 2002; Gouttebarge, et al., 2016; Gouttebarge, Aoki & Kerkhoffs, 2015; Gouttebarge, et al., 2015; Gouttebarge, Frings-Dresen, Sluiter, 2015; Gouttebarge, et al., 2017; Gouttebarge, Kerkhoffs & Lambert, 2016; Gouttebarge, Tol & Kerkhoffs, 2016; Gulliver, et al., 2015). Whilst it is vital for quantitative studies to be conducted to gain an understanding of the prevalence of mental health issues in sport, the lack of qualitative data limits the results to presenting that mental health issues are evident yet does not provide us the experiential evidence behind the antecedents of mental health issues in professional sportspeople.

The present study goes some way to providing clarity surrounding antecedents of mental health issues in professional as the participants discussed the associations between injuries, transitions, coping strategies, and identity crises, and how these can cause mental health issues in sport. Previous studies in mental health (Doherty, Hannigan & Campbell, 2016; Newman, Howells & Fletcher, 2016) have called for a greater need of an elite sportsperson sample. The current research builds on this notion and adds a unique sample of ex-professional athletes, providing an often difficult to obtain insight into the experiences and knowledge of a professional athlete's mental health literacy and experiences during their careers, and subsequently into retirement.

Limitations

One limitation of the present study is the method of retrospective, semi-structured interviews conducted for the study. Due to the sample of participants being retired professionals, they were required to recall memories from their careers. Another limitation could be argued to be the sample size of the present study. However, as discussed earlier, the elite nature of the participants in relation to their expertise and careers is certainly an area that requires more investigation to provide clarity surrounding the top-end of elite personnel and their environments. This provided a much-needed increase in knowledge surrounding the area of mental health issues that had previously only been investigated on a relatively small scale (Doherty, Hannigan & Campbell, 2016; Newman, Howells & Fletcher, 2016).

Implications for Future Research

The implications of the current study suggest a possible association between suffering with mental health issues when dealing with severe injuries; loss of identity; transitions into retirement; and finally, a lack of professional psychological support services in order to educate, support and treat athletes with mental health issues (Gulliver, et al., 2015; Morris, Tod & Oliver, 2015; Park, Tod & Lavallee, 2012; Roberts et al., 2015; Stambulova, Alfermann, Statler, Côté, 2009).

As a result of these findings, it is suggested that a mental health strategy be implemented within professional sports with specific focus on education, awareness (of symptoms and of self), and intervention of mental health issues. This should be implemented and managed by a professional clinical psychologist with a focus on managing and treating mental health issues, rather than solely having a focus on the development and improvement of performance within a professional sport environment. It is recommended that the strategy be adopted by UK sporting organisations in a top-down process whereby the organisations lead the rollout of these services and support clubs and athletes to receive immediate and qualified support through direct referrals. This should be coupled with a process of integrating education and awareness of mental health within professional sport at all ages, from youth development phases, through to and beyond retirement from professional sport.

The present study reveals some insight into the current status of mental health issues within professional sport. All participants highlighted the lack of professional support services within the sport, and as detailed within the findings, it is crucial that these services be enhanced and developed further to reduce the number of potential mental health issues in elite sport settings.

Conclusion

The present study looked to develop on previous studies of mental health issues in elite sport to reveal possible antecedents leading to mental health issues and depression in professional sport. Mental health issues were prevalent across all four participants, and they all provided unique experiences and knowledge that was personal to their own, individual journeys. Previous studies in this area (Doherty, Hannigan & Campbell, 2016; Drawer & Fuller, 2002; Gouttebarge, et al., 2016; Gouttebarge, Aoki & Kerkhoffs, 2015; Gouttebarge, et al., 2015; Newman, Howells & Fletcher, 2016) have provided findings surrounding the support services and possible causes of mental health issues in professional sport and retirement. The present study provides further development into the

antecedents leading to mental health issues in professional sport. The study provides an insight into the experiences, knowledge, and perceptions of mental health issues from professional sportspeople, all of whom can be categorised as ‘successful elite’ or ‘world-class elite’ athletes (Doherty, Hannigan & Campbell, 2016).

Athletes within the study are still involved in their respective sports in some capacity and are increasingly aware of the issues facing youth and senior professional athletes, such as addiction to substances (illicit/prescription drugs, and alcohol), long-term adverse behaviours, and low psychological well-being (sex/gambling addiction, and prolonged low mood states, including stress and anxiety). To reduce the likelihood of mental health issues occurring in the future of professional sports, qualified, professional support services such as sport psychologists, clinical psychologists and psychiatrists are recommended to be employed either directly within the organisations, or accessible via immediate referral, to provide the necessary literacy, interventions, guidance, and treatments surrounding mental health issues, ultimately with the view to reducing the risk of suicide caused by those suffering with a severe mental health issue.

Chapter 4: Study Two

Elite athlete experiences of mental health and common mental disorders in professional sport; Literacy, provision, stigma, and avoidance behaviours in help-seeking.

Study Two – Bridge

Study two of the thesis was underpinned by the findings of study one, which outlined four key themes associated with athletes' experiences of mental health issues. It was decided that whilst study one offered novel findings associated with the experiences of retired professional athletes, the study itself could be argued to be an isolated incidence amongst retired professional athletes. Therefore, it was decided study two would seek to validate these findings through a much wider participant sample of current and retired professional athletes. As noted in study one there are a considerable number of quantitatively focused studies on mental health in elite sport, and though there was some criticism of the restrictions this offered in understanding experiences of these issues in elite sport, the second study required an objective approach to collecting and analysing the data to reinforce the validity of the findings of study one and generalise these to a wider elite athlete population. Having considered this, study two set out to design and distribute a questionnaire based on the themes found in study one. It was considered that using a pre-existing validated or standardized survey/scale would provide indication of depressive symptoms in athletes, but this was not the focus of study two, and therefore the study purposely designed a questionnaire that would seek to understand and measure if athletes had encountered similar experiences or had similar perceptions to the sample of retired athletes in study one. The questionnaire was structured in a manner that would seek to provide further validity of the possible antecedents associated with athletes developing mental health issues, which were, *Transitions*, *Identity*, *Injuries*, and *Coping Strategies*. Within each of these scales the questionnaire sought to understand athlete experiences surrounding elite sport environments and cultures, attitudes towards help-seeking, accessibility of mental health support provision, mental health stigma, and what was perceived to be the most likely factors to negatively affect athlete mental health. As mentioned, these areas were identified within study one, but the purpose of study two was that similar experiences or factors associated with developing a common mental disorder or depressive symptoms would be identified in a much wider athletic population sample including males and females, current and retired professional athletes,

and athletes from a range of different professional sports and competitive levels in the UK. Study two of the thesis was deemed to provide a natural progression to adding rigour and reliability to the overall research aims of this work. As highlighted in chapter two, the pragmatic approach employed in the thesis allowed the work to naturally develop and adapt to the requirements of study two. Consideration of this meant that a qualitative approach would not provide the objective measure of these factors that was required to extend the validity of the findings and therefore it was necessary to adapt the approach to best suit the evolving needs of the thesis.

Introduction to Study Two

As detailed in study one the number of researchers investigating mental health prevalence has seen significant investment over the last decade with many arguing the growing concerns of professional athletes exhibiting depressive symptoms (Du Preez, Graham, Gan, Moses, et al., 2017; Golding, Gillingham, and Perera, 2020) and the rise in cases of common mental disorders in both current and retired professional athletes (Gouttebarge, et al., 2019; Prinz, Dvorák, and Junge, 2016; Wolanin, Gross, and Hong, 2015). However, despite this growing body of research there are still a limited number of sources focusing on the experiences of elite athletes when faced with the stigma of mental health in professional sport. Subsequently, Henriksen et al., (2020) have argued that elite level sport must redefine mental health and implement this as a core focus of developing excellence within the culture of professional sport. This is reinforced by Kristiansen, Halvari, and Roberts (2012) who argue that professional sporting cultures solely focused on outcome climates are more likely to induce stress and anxiety in elite footballers compared to instilling mastery or performance climates. Certainly, within professional sport this is not something that can be easily changed as elite level sport is predicated on success and failures, therefore, it would be almost impossible to redefine cultures in this manner at the senior level. Particularly as senior level professional sport is scrutinized so highly by professional colleagues, spectators, and the media (Kristiansen, Halvari, and Roberts 2012), it would suggest that these additional stressors are subsequently adding to the potential development of depressive symptoms in elite athletes.

The issues surrounding possible stressors at the senior level are arguably impossible to redefine due to the nature of professional sports; outcomes are key to achieving successes over performances. Jones and Sheffield (2007) support this notion as they examined the wellbeing of athletes after wins and losses, and results show that athletes are more likely to exhibit depressive symptoms after suffering a loss, compared to lower anxiety and social dysfunction after achieving a win. This argument has been developed beyond this study as similar findings have argued that elite

athletes are more likely to experience depressive episodes following failure during competition (Hammond, Gialloreto, Kubas, and Davis, 2013). This adds validity to Keyes' (2002, 2005) research on languishing and flourishing whereby athlete mental health is likely to fluctuate based on the circumstances of their environments. A notion that argues elite athletes are more at risk of developing a mental health issue if they were to persist in languishing at the lower ebbs of the mental health continuum without appropriate mental health literacy and available support. This adds validity to researchers arguing for improvements in establishing effective mental health support strategies and developing more robust, holistic processes in education, awareness, and treatment of common mental disorders in elite sport (Howells and Lucassen, 2018; Souter, Tonge, and Culvin, 2021).

There is reason to suggest that elite athletes facing adversity obtain the psychological skills to develop resilience by reflecting on defeat and reappraising these experiences into something that is positive and adaptive in elite sport cultures (Uphill and Dray, 2009). A notion which is developed by Horrocks, McKenna, Whitehead, Taylor, and Morley (2016) who outlined that serial winning elite athletes develop uniquely intensive and adaptive cognitive behaviours through facing adversity and adapting themselves to the needs of the professional sport environment to achieve serial success. However, while these professional sport environments can arguably nourish or malnourish an athlete's mental health (Henriksen, et al., 2020), there is a growing issue in the literature which has outlined common mental disorders are often developed from youth or adolescent ages, and specifically within elite-level sport there is a concern that the cultures and environments at these early developmental stages are not allowing youth elite athletes' mental health to flourish (Schnell, Mayer, Diehl, Zipfel, and Thiel, 2014; Wilkinson, 2021). Similarly, youth elite athletes can carry trauma of these environments and their long-term psychological wellbeing is negatively influenced by abusive behaviours such as belittling, humiliation, shouting, scapegoating, rejection, isolation, threats and being ignored (Gervis and Dunn, 2004). Therefore, there is a concern within these

sources outlining that while some athletes may indeed flourish through the adversity of elite level sport development, there is a cause for concern in the professional athlete population where it could be argued that common mental disorders and depressive symptoms are developing at youth stages and being carried throughout their careers and subsequently into retirement.

The literature surrounding mental health in professional sport has investigated the impact of cultures on mental health and psychological wellbeing. Similar to the earlier points regarding the potentially problematic nature of elite youth development, there have been findings in senior professional athletes exhibiting depressive symptoms and being diagnosed with common mental disorders due to the cultural influence of their sport. These have often been related to organisational stressors in the elite sport environment whereby the culture established and perpetuated by the coach, manager, players, fans, sport etc., are facilitating environments that may potentially be a detriment to elite athlete physical and psychological wellbeing (Arnold and Fletcher, 2012; Tabei, Fletcher, and Goodger, 2012; Prinz, et al., 2016; Schinke, et al., 2017)

McGuane, Shannon, Sharp, Dempster, and Breslin (2019) investigated issues relating to culture in elite level sport in their study of professional jockeys and found that athletes were exhibiting eating disorder behaviours due to simply being an athlete in that sport. The study discusses the issues of 'wasting' weight-loss techniques that have a harmful effect to both physical and mental health. Participants indicated that this was primarily due to the demands of the sport, and they were willing to engage in these behaviours to be able to perform, with further discussions made suggesting that this was a part of the culture for that sport and these 'wasting' behaviours were seen as the norm regardless of the detrimental effects to mental and physical health. Papathomas and Lavallee's (2014) study on performance narratives found similar findings suggesting that the athlete's mental health was compromised through self-starvation in the pursuit of meeting expectations both within in and outside of sport. When sporting endeavours abruptly ended, the eating disorder persisted as a sense of control in the individual's life. While this point

could be considered as an isolated case, further research into athlete narratives has argued that athletes developing a performance-based narrative are more at risk of suffering from low self-worth and exhibiting depressive symptoms due to the pursuit of perfectionism associated with their identity in elite sport (Houltberg, Wang, Qi, and Nelson, 2018). Furthermore, there have been several studies investigating athlete mental health and the problems arising with developing eating disorders, particularly for sports directly associated with weight classifications (e.g., combat sports) or sports that require athletes to be lean (Hulley and Hill, 2001; Poucher, Tamminen, Sabiston, and Cairney, 2021; Schaal, et al., 2011). These issues are often manifested through depressive symptoms, low self-worth, heightened anxiety, and stress, which are frequently underpinned by the adverse eating behaviour. It is now much more commonly understood that athletes are more at risk of developing a common mental disorder compared to the general population (Åkesdotter, et al., 2020; Gorczynski, et al., 2017; Hammond, et al., 2013; Kuettel, et al., 2021; Nixdorf, et al., 2013; McLoughlin, et al., 2021), however, considering the discourse surrounding cultures in elite level sport, it would be reasonable to assume that the existing culture and environment within elite level sport can have significantly debilitating effects on athlete mental health. Further exploration of this is required to establish this.

Study one provides further recommendations for exploring the mental health experiences of both current and retired professional athletes. This does not immediately suggest that the research should focus on depressive symptoms or common mental disorders, but simply that further evidence is needed to enhance understanding of how elite athletes experience the continuum of mental health (Keyes, 2002; 2005) within their professional careers as well as post-career. To that end the first aim of study two is to theorise the findings of study one and confirm if identity, transitions, coping strategies and injuries shared a relationship with an athlete's mental health. The second aim of the present study is to explore whether stigma of mental health is still prevalent within professional sport and if it has affected attitudes towards help-seeking behaviours in

professional athletes. Through this second aim, the study will look to develop understanding of elite athlete's willingness to engage with professional support services within or outside of their professional environments.

Methodology

Participants

The participants were recruited purposefully for the study based on an expert sampling method (Kumar, 2019). The expert sampling method indicates that participants recruited for the study represented the most applicable representative sample that suited the needs of the researcher's aims and are deemed to be 'experts' in their field. Therefore, to be included in the study participants must have been either a current professional athlete (with a minimum of 5 years being a professional) or had retired from professional sport within the last 5-10 years. Participants were contacted directly based on pre-existing contact by the researcher, as well as also being contacted directly through social media channels where participants were not already known prior to the study but had been identified by the researcher as an 'expert' in their profession, which was then deemed relevant to the study's aims. Of the 155 participants that were contacted a total of 102 current and retired professional athletes from 15 different sports agreed to participate in the study. The sample was predominantly male (n=79, 77.45%) with 22.55% of the sample being female (n=23) participants. Similarly, there was a majority of retired athletes (n=74, 72.55%) versus current athletes (n=28, 27.45%) who completed the questionnaire. Of the 102 athletes who participated in the study 83.33% (n=85) of the sample agreed that they had suffered with a common mental disorder (CMD) in their career with 16.67% (n=17) of participants disagreeing that they had never suffered with a CMD during their career.

Once the questionnaire was completed participants were categorised into four sporting categories: Football (n=54), Rugby (n=15), Olympic/Paralympic (n=23), and Other (n=10). Athletes categorised as 'Other' were done so due to most participants having been selected from Football,

Rugby (League and Union) and Olympic/Paralympic sports, leaving a minority of athletes from a selection of several other professional sports. Similarly, participants were classified into competitive levels, adapted from Swann, Moran and Piggott's (2015) definitions of elite athletes, the classifications were: World Class (n=38) i.e., international appearances/success (both for team/club and country), Successful Elite (n=24) i.e., appearances/success at highest achievable domestic level in the sport, Semi-Successful (n=32) i.e., appearances outside of top tier of their sport, E.g., football player playing for a club in the Championship – League Two in the EFL, and Semi-Elite (n=8) i.e., played for a professional academy and transitioned into senior level at lower professional tiers of their sport, E.g., football player playing full-time for a National league side. It should be noted that these classification examples primarily focus on participants who played football, however, the definitions for the classifications were also adapted for the other representative sports, for example, an Olympic/Paralympic athlete was classified as either being 'World Class' or 'Successful' as they had either medaled at a major event (World Championships/Olympics/Paralympics/Commonwealth Games), or had been selected to compete at these events but had not been successful in winning a medal. Similarly, competitive levels were considered for the 'Other' category as some sports such as horse racing and golf do not have tiered competitive systems (E.g., the English football pyramid) and were therefore assigned a classification based on the participant's response to their highest competitive successes, e.g., winning a major tournament or event would be classified as 'Successful Elite', winning a major international tournament or event would be classified as 'World Class'.

Procedure and Ethical Considerations

Once participants were recruited and agreed to participate in the study a SurveyMonkey link was sent to participants to complete the questionnaire remotely. Participants would click on the link whereby they would be redirected to a participant information sheet. The participant information sheet provided details of the purposes of the study and what the participants could expect from

completing the questionnaire and what the data would be used for. Once they had read this and confirmed their intent to participate, they were asked to select 'confirm' where they were then taken directly to the questionnaire. Participants would be asked to provide their gender (Male/Female), the sport they competed in, the highest level they had competed at, and if they had ever developed a common mental disorder in their life. This could be a clinical diagnosis or a self-diagnosis. There was no exclusion criteria relating to participants having a common mental disorder, therefore it was deemed acceptable if participants self-diagnosed these issues. Participants were not required to provide any personal identifying information beyond the points raised above. Each question was then presented in sequence and once participants had completed all questions they would then click 'confirm and submit'. Submitting the questionnaire provided further confirmation of their consent for the researcher to use the data provided and provided relevant contact details of the researcher should they have any questions pertaining to the research and the use of their responses.

Only elite athletes and retired elite athletes over the age of 18 were permitted to participate in the study. Providing age was not a requirement of the study, however, as all participants were purposively recruited, part of this procedure ensured that only participants over the age of 18 were considered prior to data collection. Once participants had submitted their questionnaire a key-linking ID was created automatically by the SurveyMonkey platform that was used to share the online questionnaire. Only the lead researcher had access to this information. However, once data collection had been finalised, all data was exported to Microsoft Excel where this identifying key was removed from the data set, which made any possibility of identifying individual responses impossible, further maintaining anonymity and confidentiality of all participant data.

Questionnaire

The questionnaire within the study was non-validated and was designed for the purposes of this study. Questionnaires and scales relating to depressive symptoms were not considered as the study was not looking to examine the prevalence of common mental disorders in the participants.

Instead, the questionnaire was designed from the results of study one of this thesis and looked to develop a more robust understanding of the four key factors relating to mental health experiences in professional sport outlined by participants in the previous study, with the addition of a fifth factor associated directly with mental health literacy and stigma. These factors were outlined as, Mental Health, Identity, Transitions, Long-term injuries, and Coping Strategies. The questionnaire comprised of a total of 52 items designed to measure athlete perceptions and experiences of the five key factors mentioned above.

Questions were structured in a manner that related to these key factors. Mental Health questions were related to experiences of mental health in elite sport, mainly literacy and stigma, and comprised of 10 items. Injuries similarly measured experiences of injuries and perceptions of these in professional sport and how they could impact mental health and comprised of 11 items. Identity measured impact of identity on mental health in professional sport and how the culture of sport can influence an athlete's identity and comprised of 8 items. Transitions measured within-career transitions and retirement transitions and their effects on mental health and comprised of 10 items. Coping strategies measured athlete's perceptions of coping and help-seeking in an elite sport environment and how this may impact mental health and comprised of 8 items.

The questionnaire employed the use of a 5-point Likert scale, ranging from 1 – Strongly Disagree, to 5 – Strongly Agree for each item. Introductory demographic questions were outlined to gauge the participant sample and requested participants to provide their gender (Male/Female), sport, highest professional level, and current playing status, i.e., current/active, or retired athlete, were also included in the questionnaire. Prior to completing the questionnaire participants were also asked to confirm (Agree/Disagree) if they had suffered from a mental health issue at any point in their career or during retirement. All participants were confirmed to have completed all available questions within the questionnaire. All questions were designed in a manner that allowed both

current and retired athletes to address all questions according to their experiences and thus would not exclude current or retired athletes from responding to any of the questions provided.

Data Analysis

All data analysis was conducted using IBM SPSS Statistics for Windows. To assess the reliability and internal consistency of the five factors: Mental health, Transitions, Coping, Long-term injuries, and Transitions Cronbach's alpha analyses was used. Within this each individual scale was analysed for internal consistency. Furthermore, Pearson correlations were then performed to assess any relationships between these variables. Demographic exploratory analyses were also considered, and independent samples t-tests were run to analyse differences in score by gender, history of mental health, and playing status. A one-way ANOVA was performed to assess any differences in scores between sport type and the five factors. This was also ran for competitive level for each scale. Multiple linear regression analyses were conducted to investigate the predictive value of four factors combined on the fifth factor. Each factor was analysed as a dependent variable and as a predictor. Significant findings are reported in the results section (Field, 2018).

Results

The core hypotheses of this study were that significant relationships would be present between the participants scores on the five scale factors: Mental health, Transitions, Coping, Long-term injuries, and Identity. The initial analyses have been designed to:

(a) assess the reliability and internal consistency of the five scales using Cronbach's alpha analyses; and
(b) assess the relationships between the scales using correlation and multiple linear regression analyses

Sample size was determined as sufficient for multiple regression using Tabachnick, Fidell, and Ullman's (2007) recommendation of $N \geq 50 + 8*M$ – where M is the number of explanatory

variables (in this case, four). Following these initial analyses, the data were explored for other relationships. Primarily these took the form of investigating differences in scores on the five factors between groups based on gender, sport played, playing status, etc.

Cronbach's Alpha Analyses

Each scale was analysed for internal consistency. The only scale which did not produce an acceptable α value was Mental health. The scale consists of 10 items, and the value for Cronbach's Alpha was $\alpha = 0.12$. This is a particularly low α value, in the range of 'unacceptable' and implies a lack of internal consistency. Despite this finding, the scale has been included in analyses, as these were planned a priority. Any relevant results relating to the Mental Health scale will be interpreted cautiously, and details of why this scale may not have met relevant validity criteria are outlined in the discussion section.

The Long-term injuries scale and Identity scale both produced α values in the 'acceptable' range ($\alpha = 0.71$ and 0.78 respectively). The Transitions scale and Coping scale produced α values in the 'good' range ($\alpha = 0.86$ and 0.83 respectively).

Correlation Analyses

Pearson correlations were run between the five scales to assess any relationships between the variables. Significant correlations were identified between:

- Mental health and Transitions ($r=.22$, $p=.025$; fig. 1).
- Long-term injuries and Identity ($r=.23$, $p=.021$; fig. 2).
- Long-term injuries and Transitions ($r=.42$, $p<.001$; fig. 3).
- Long-term injuries and Coping ($r=.25$, $p=.012$; fig. 4).
- Identity and Transitions ($r=.23$, $p=.020$; fig. 5).
- Identity and Coping ($r=.31$, $p=.001$; fig. 6).
- Transitions and Coping ($r=.25$, $p=.011$; fig. 7).

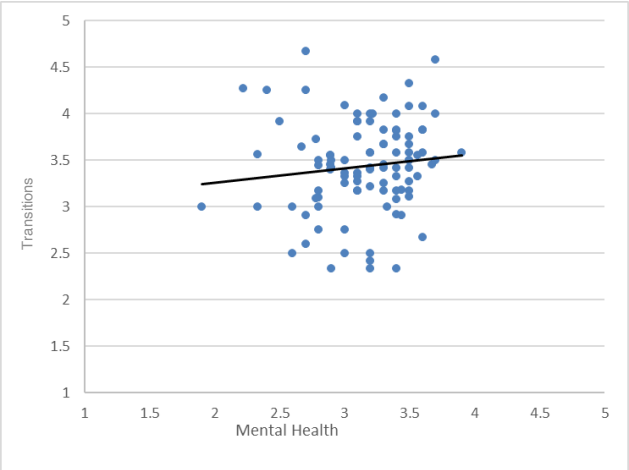

Figure 1: Pearson correlation analysis for Mental health and Transitions scales.

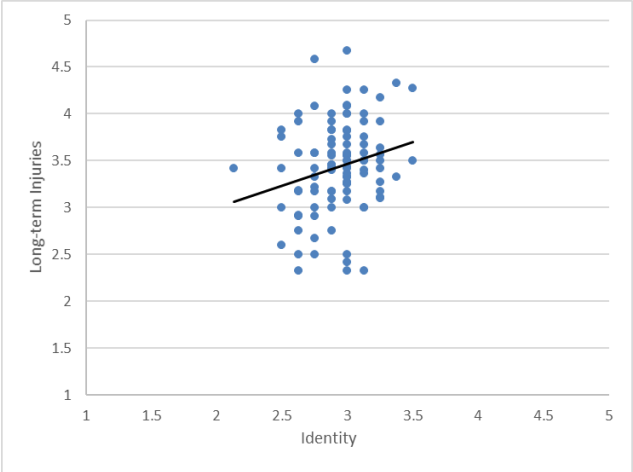

Figure 2: Pearson correlation analysis for Long-term injuries and Identity scales.

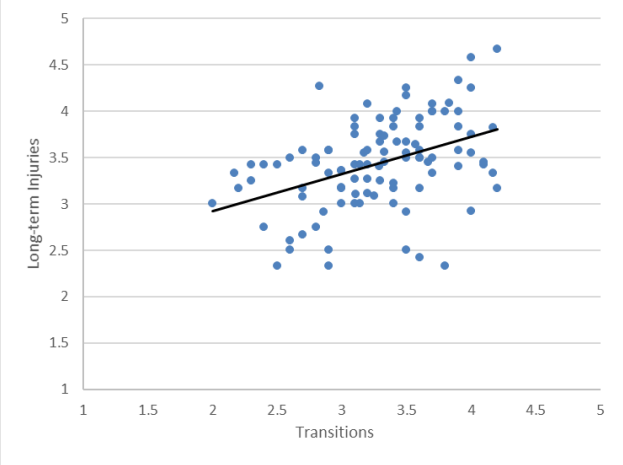

Figure 3: Pearson correlation analysis for Long-term injuries and Transitions scales.

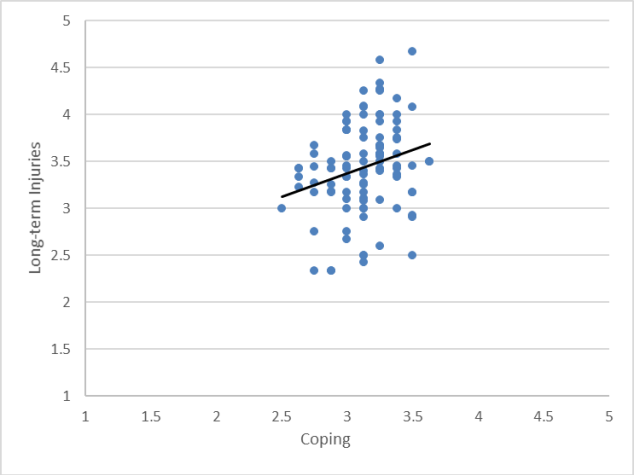

Figure 4: Pearson correlation analysis for Long-term injuries and Coping scales.

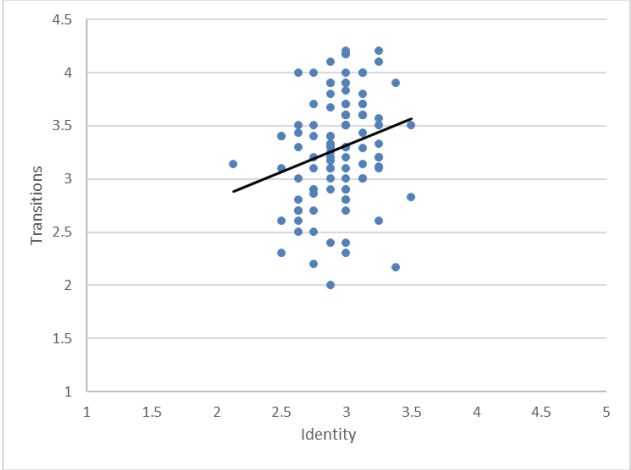

Figure 5: Pearson correlation analysis for Identity and Transitions scales.

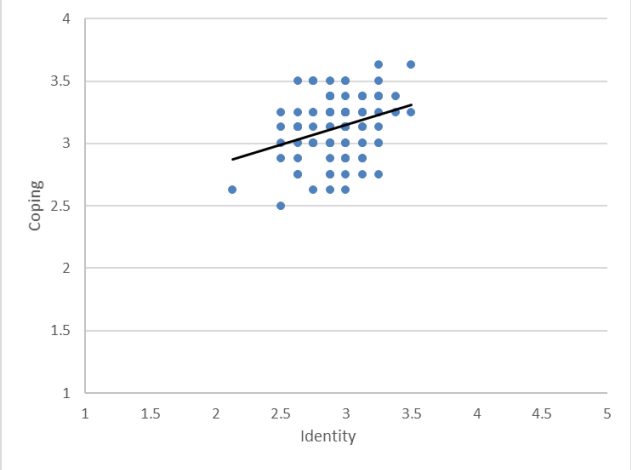

Figure 6: Pearson correlation analysis for Identity and Coping scales.

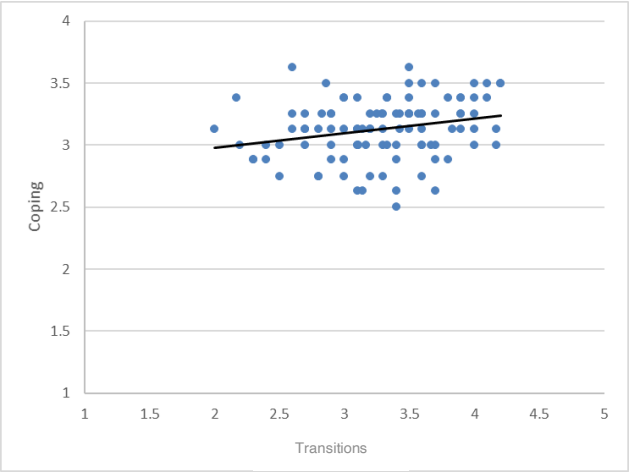

Figure 7: Pearson correlation analysis for Transitions and Coping scales.

Multiple Regression Analyses

When Transitions was the dependent variable and Long-term injuries, Identity, Mental health, and Coping were inputted as predictors, an association between the predictors and the dependent variable was found (Multiple R = 0.49). Together, the predictors explained 21% of the variation in Transitions scores (adjusted R^2). The regression model was significant ($F(4, 97) = 7.58$, $p < .001$). Analysing the coefficients revealed that the Long-term injuries scale score was the only significant single predictor in the regression model (t=3.65, p<.001), with a regression coefficient of 0.34 (standardised Beta). Therefore, as Long-term injuries score increases by one standard deviation, Transitions score increases by 0.34 of a standard deviation.

When Coping was the dependent variable and Long-term injuries, Identity, Mental health, and Transitions were inputted as predictors, an association between the predictors and the dependent variable was found (Multiple R = 0.38). Together, the predictors explained 11% of the variation in Coping scores (adjusted R^2). The regression model was significant ($F(4, 97) = 4.17$, p = .004). Analysing the coefficients revealed that the Identity scale score was the only significant single predictor in the regression model (t=2.58, p=.011), with a regression coefficient of 0.25

(standardised Beta). Therefore, as the Coping score increases by one standard deviation, Identity score increases by 0.25 of a standard deviation.

Demographic Exploratory Analyses

Gender

Therefore, exploratory independent-samples t-tests were run to analyse any difference in score by gender, on each of the five scales (see figure 8). Females were found to have a significantly higher score than males (M=3.63 and M=3.39 respectively) on Long-term injuries; t(100)=2.11, p=.037. Additionally, females were found to have a significantly higher score than males (M=3.03 and M=2.91 respectively) on Identity; t(100)=2.16, p=.033.

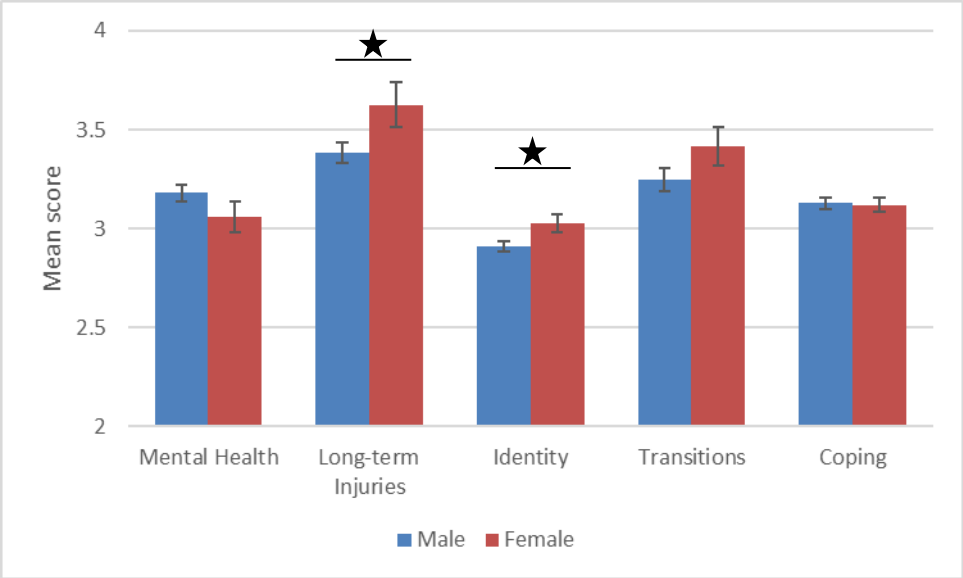

Figure 8: Demographic exploratory analysis for each five scales to measure score difference by Gender.

Playing Status

The only significant difference between retired and current players on the four scales was on the Mental Health scale. Although this scale has not met criteria for sufficient internal validity, the results are included for interest. Those who were retired had a significantly higher Mental Health score, that those who were current players; M=3.20 vs M=3.03, t(100)=2.13, p=0.36. Interestingly,

the majority of both the retired and current athlete groups reported a history of mental health problems (Retired = 63/74; Current = 22/28).

Sport Type

One-way ANOVAs were performed to assess any differences in scores between the category of sport on each scale (see figure 9 for mean scores). The only significant result was found for Identity x Sport ($F(3, 98)=3.16$, $p<.03$). Post-hoc tests using Tukey's HSD found that the only significant difference in Identity score between sports was between Football and Olympic/Paralympic sport (mean dif. = 1.69, $p=.02$).

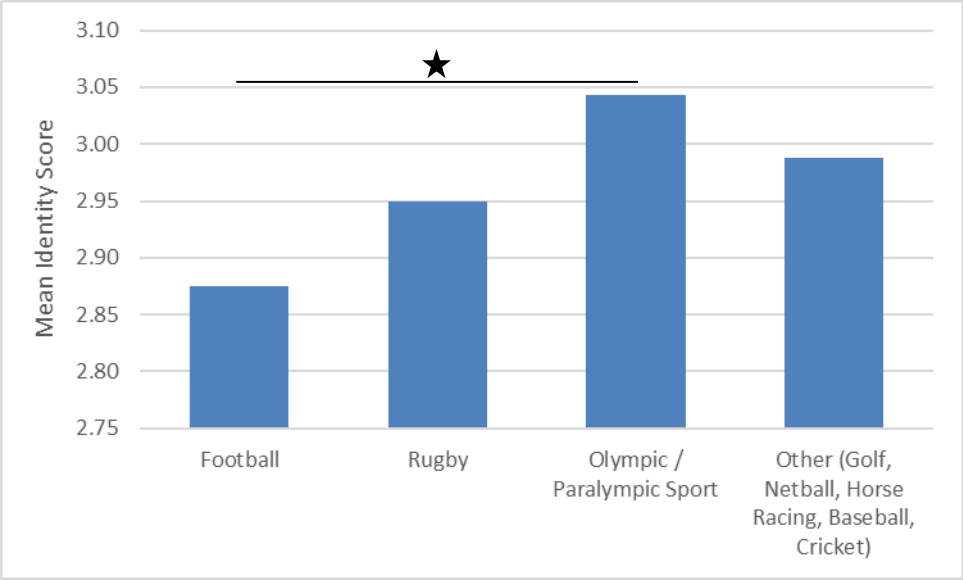

Figure 9: Mean score differences of Sport Type measured across each five scales.

Competitive Level

One-way ANOVAs were performed to assess any differences in scores between the category of sport on each scale. No significant results were found in these analyses.

History of Mental Health Issues

Independent-samples t-tests were run to analyse any difference in score by history of mental health problems, on each of the five scales (see figure 10). Those with a history of mental health

issues were found to have a significantly higher score than those without such history on Long-term injuries; t(100)=2.48, p=.015. Additionally, those with a history of mental health issues were found to have a significantly higher score than those without such history on Transitions; t(100)=2.96, p=.004.

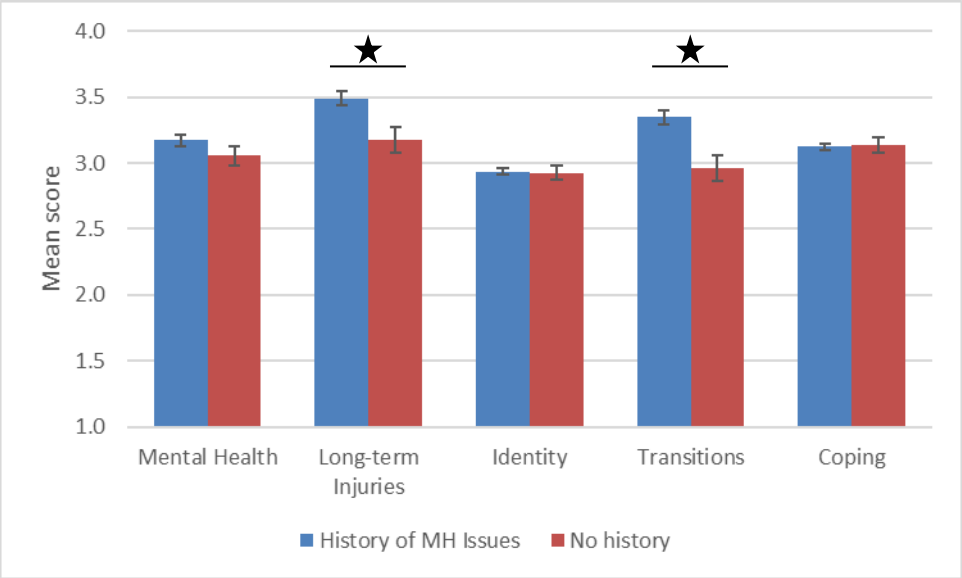

Figure 10: Score differences across five scales to measure influence of history of mental health issues.

Discussion

In this study the aim was to build on the previous findings of the first study and theorise that the four scales of Identity, Transitions, Long-term injuries, and Coping shared a relationship with mental health in elite level athletes. Additionally, to investigate if athletes' help-seeking behaviours were being affected by the perceived stigma of mental health, not only in their ability to develop positive coping strategies but also to measure if they would willingly seek support for a common mental disorder from within these environments.

The overall validity of the five scales in the questionnaire were measured using Cronbach's Alpha to determine the internal validity of the questions per scale. The results of these analyses revealed that the scale of Mental health did not show any significantly positive internal consistency.

This provides a sense of caution due to the measure suggesting the score ranges towards 'unacceptable'. However, as this was a main focus in the purpose of the study these values were still included and as such are worthy of discussion. Contrary to previous studies measuring prevalence of depressive symptoms and determinants of common mental disorders, the present study designed the questionnaire to investigate experiential differences to build on the findings of study one. From this the first scale within the questionnaire outlined 10 items relating to mental health experiences, mental health stigma, mental health literacy and available support for a CMD. The measures of internal consistency provide suggestions the questions themselves would need to be reevaluated. Comparing this to the other four scales of Identity, Transitions, Coping and Long-term injuries where the internal consistency was found to be much more positive, ranging from 'acceptable' to 'good', it could be argued that participants were able to address these scales on a more accurate basis in relation to their experiences compared to the scales focused specifically on Mental health.

In line with many previous findings, the results of the correlational analysis revealed three significant relationships associated with long-term injuries and developing a mental health issue. The previous discourse surrounding the effects of long-term, severe, and career-ending injuries has developed considerably over the last decade with research highlighting the prevalence of depressive symptoms associated with athletes experiencing a long-term injury (Gouttebarge, Aoki & Kerkhoffs, 2015; Gouttebarge, et al., 2015; Gouttebarge, et al., 2019; Gouttebarge, Tol, & Kerkhoffs, 2016; Lattimore, 2017). There have been some further suggestions as to why this may be the case, and the study revealed a significant relationship with identity, suggesting that athletes suffering with a long-term injury are much more likely to experience a common mental disorder because of a loss of identity during times of injury (Losty, et al., 2019; Sanders and Stevinson; Sparkes, 1998). The study also supports previous findings related to career-ending injuries as a significant relationship was found between long-term injuries and transitions. Participants reported

a greater likelihood of experiencing a mental health issue when facing forced retirement from professional sport through injury (Ristolainen, 2012). The final relationship to establish significance was found between long-term injuries and coping. Interestingly, there is very little research surrounding elite athletes' ability to cope with severe, long-term, or career-ending injuries, with a limited number of studies indicating athletes are more likely to be diagnosed with a common mental disorder, such as, adverse alcohol use, drug use, and adverse eating behaviours when faced with a long-term injury (Carson and Polman, 2008; Mainwaring et al., 2010). Therefore, the present study provides novel findings of the topic by establishing a correlation between suffering a long-term injury and developing maladaptive coping strategies leading to a mental health issue. This indicates a potentially problematic issue whereby athletes are unable to establish effective coping mechanisms during times of injury, causing their mental health to languish. This provides evidence to develop effective strategies associated with improving athlete mental health literacy and providing them with effective psychological tools to cope more adaptively with long-term/severe and career-ending injuries (Booth, Mellalieu, and Bruton, 2018; Gervis, et al., 2020; Goddard, et al., 2020).

Female athletes were found to have significant scores in relation to long-term injuries. These results once again add validity to previous literary findings whereby it has been found that female athletes are more likely to experience a common mental disorder compared to their male counterparts (Junge and Feddermann-Demont, 2016; Junge and Prinz, 2019; Tahtinen, Kristjánsdóttir, and Morris, 2020). Furthermore, in line with Appaneal et al.'s (2009) findings female athletes were reported to be more likely to experience depressive symptoms or a common mental disorder following a long-term or severe injury. There is some indication to suggest this is due to identity crises when faced with a long-term injury, as female athletes were also found to have a significant correlation between long-term injuries and identity (Sparkes and Smith, 2005). There has been a considerable body of literature investigating male athlete mental health in the context of

injuries in professional sport, and the present study agrees with the calls of Perry et al (2021) where further research is needed investigating female athlete mental health to establish why the prevalence of mental health issues in elite female athletes is consistently higher than male athletes. Beyond this, the findings of the present study call for further investigation into the injury experiences of elite female athletes and the effects on their mental health during this time.

A one-way ANOVA was conducted to analyse the classification of 'Sport Type' and the differences in scores across each of the five scales. The only significant finding from this result was for the Identity scale. A post-hoc test using Tukey's HSD was conducted to determine the relevant sport and found that Olympic/Paralympic sports were significantly correlated with Identity. This provides an interesting point as it could be argued that Olympic/Paralympic athletes are able to adapt and develop a dual focus in relation to their personal and athletic lives (Debois, Ledon, and Wylleman, 2015; Stambulova, Ryba, and Henriksen, 2021) compared to another professionalised sport such as football which was shown to have the lowest score for the identity scale. This could indicate that football players are more likely to develop a narrower athletic identity within their sport (Mitchell, Nesti, Richardson, Midgley, et al., 2014; Sothern and O'Gorman, 2021), potentially causing issues in senior level sport whereby perceptions of masculinity and not appearing weak are perpetuated to the detriment of their psychological wellbeing (Foskett and Longstaff, 2018). Despite this, the positive result in relation to identity and Olympic/Paralympic sports indicates the growing need to develop more holistic development of personal and athletic lives in athletes to help them cope with the demands of their sport; A notion supported by Howells and Lucassen (2018) who outlined the potential negative psychological impact facing athletes post-Olympics and called for improved support strategies for elite athletes.

The analyses run measuring the 'competitive level' classification revealed no significant findings in relation to the five scales of the study. However, while this may not have provided any indication of competitive level influencing mental health in athletes. It is interesting to note that the

various classifications of elite status had little bearing on whether an athlete was dealing with a common mental disorder or depressive symptoms and instead the lack of a significant finding in this analysis forms news questions to emerge. Using professional football in the UK as an example, it is commonly known that players at the top-end of their sport will have financial stability, available support services and an established multidisciplinary team to address their physical and psychological needs for performance. It has also become common practice to employ the use of a sport psychologist at these higher levels of domestic football (E.g., the English Premier League). However, it is also commonly known that due to the financial restrictions facing the mid-lower end of elite status (i.e., EFL Championship – League Two) organisations are much more likely to face financial hardship, and anecdotally, many staff and players in these clubs have reported certain services and support are not available due to these financial constraints. Therefore, the study raises an issue that there is no significant correlation of competitive level having an influence on athlete mental health, suggesting that common mental disorders and depressive symptoms may be just as prevalent at the other various tiers of professional sport (in this case football). It would be worthwhile for future studies to explore this further and investigate the prevalence of mental health issues and the availability of mental health support outside of 'World Class' or 'Successful Elite' athletes.

Mental Health History did not lead to a difference in score on the mental health scale. There is a consideration to be made that this has not captured what it had intended to as it was predicted that athletes at the 'World Class' level would exhibit a greater likelihood of developing a common mental disorder. However, significance was found in Mental Health History for two scales. Athletes who had reported having a history of common mental disorders scored highest on the long-term injuries and transitions scales. Once again, this provides support to previous findings relating to athletes suffering with depressive symptoms and common mental disorders when faced with a severe injury and retirement from sport (Cosh, Crabb and LeCouteur, 2013; Cosh, Crabb and Tully,

2015). These findings build on previous literary discussions whereby it is argued that athletes who do not plan for retirement or are forced into retirement involuntarily, or through injury are more likely to suffer with a common mental disorder compared to athletes who exit professional sport voluntarily (Barth, et al., 2021; Park, Lavallee and Tod, 2013: Schwenk, et al., 2007). The present study reinforced the notions of planning for retirement outlined by Alfermann, Stambulova, and Zemaityte (2004) whereby athletes are encouraged to broaden their identities and plan for life outside of sport and develop adaptive methods of coping to prevent the onset of common mental disorders and depressive symptoms through a sudden retirement. Furthermore, the findings of the present study outline the need for developing effective aftercare programs for athletes who have already transitioned into retirement and are faced with a common mental disorder.

Strengths, Limitations, and Implications for Future Research

Strengths

There are several strengths of the study which can be outlined and built on for future work. As mentioned in the introduction many previous studies had developed a considerable understanding of prevalence of mental health issues in elite level sport. While this provides some much-needed awareness and understanding of the prevalence of athletes and retired professionals suffering with mental health issues in professional sport settings there had been very little examination exploring experiences of mental health in elite sport through quantitative means. To the author's mind there is currently no study examining the experiences of mental health issues through this method. This provides a significant strength to the findings of this research as it builds on the evidence of prevalence of mental health issues and seeks to examine the perceptions of mental health, associated stigmas, and athletes' willingness to seek help for CMDs in the elite sport environment. To that end the present study provides a novel approach to examining elite athlete experiences of mental health.

Building on the results of the study it should also be noted that these provide further support for the findings of study one whereby athletes responded to questions indicating correlations between developing a common mental disorder alongside identity-related issues, difficulty with coping, CMDs resulting from long-term or severe injuries, and CMDs likely developing from retirement from professional sport. Furthermore, the study's findings also demonstrated significant effects associated with athletes' willingness to seek help within a professional sport environment, suggesting the stigma of mental health issues is still present within elite sport, and this has become a common factor related to appearing 'weak', or being 'fearful' of revealing mental health issues in elite sport settings (Perry, Champ, Macbeth, and Spandler, 2021; Poucher, Tamminen, Kerr, and Cairney, 2021; Purcell, Gwyther, and Rice, 2019).

Finally, one of the key strengths of the study is the participant sample itself, demonstrating a wide range of professional athletes, from several different sports and ranging in expertise level across the sample. The results indicating no significant differences between competitive level. This suggests several issues that arise not just at the top-end of elite sport, where it is common that the presence of financial rewards and financial support is greater, but towards the middle-lower end of professional sport where athletes may have limited accessibility to awareness, support, education, and treatment services compared to their colleagues at higher levels of the sporting pyramid. While the data found no significance differences in the levels of competitive expertise, this finding demonstrates the issues faced by athletes is not limited to World Class athletes where pressures are arguably higher, and stressors more frequent, but also outside of the top-level of elite sport, the same issues are being raised, albeit without the readily available support found at the highest level of professional competition. Further investigation of elite athletes is required in this area to explore these factors, for example, participant samples from the English Football Leagues who are not as financially secure as Premier League clubs.

Limitations

The limitations of study two are indicated primarily by the sample size. Whilst the sample provides a representation of elite athletes' experiences and understanding of mental health and CMDs, to provide further clarity and significance of these findings a larger sample size of elite athletes would be required. It should be noted that this does not detract from the findings of the present study, however, moving forward, to develop understanding of these issues a larger sample size would be required to add further rigour and ecological validity of this sample. Similarly, there is also a clear disparity between male and female participants, as well as current and retired participants in the study. Whilst every effort was made to provide balance between this sample and provide parity across participants, there was a greater number of male and retired athletes who were more willing to consent to participate in the study. This provides some limitation to the findings as the data is somewhat skewed by the imbalance of the participant sample. However, again this could provide some indication that retired athletes feel more comfortable discussing mental health and CMDs once they have retired from their sport.

Secondly, a limitation of the study is also the nature of the questionnaire itself. As many other quantitative studies often employ the use of validated questionnaires and inventories, it could be argued that the questionnaire itself relies too heavily on participants' willingness to provide any evidence pertaining to their mental health experiences and diagnoses to be valid. Whilst participants were purposively recruited for the study, mental health diagnosis was not considered and therefore participants indicating their diagnosis could arguably be a clinical diagnosis or a self-diagnosis. In future, it would be reasonable to assume that participants selected for further iterations of this study should consider recruiting individuals who had received a clinical diagnosis, rather than the implied diagnosis provided by participants.

This is also potentially evident as the results indicated low internal consistency in relation the mental health scale, suggesting the questions relating to athlete mental health experiences could

have been interpreted differently by each participant. Similarly, there is some argument to be made that the underlying constructs of mental health could have influenced these responses – that is, that participants who reported to having a common mental disorder may have experienced any one of these across the spectrum of diagnosable common mental disorders or depressive symptoms at various stages in their lives. In relation to this each participant's understanding of this may have informed their responses, thus potentially causing the internal validity to be deemed 'unacceptable' on the mental health scale. Any future replication or development of this study would look to define these questions in a more refined manner to mitigate the potential for broader participant interpretations of the questions.

Implications for Future Research

Future studies should look to enhance understanding of female athlete experiences of mental health and CMDs. These calls are supported by Perry et al.'s (2021) work whereby their review of existing mental health literature has indicated a disparity in the focus of elite female athletes in relation to the topic of mental health in sport. Study two has made some attempt at recruiting female participants for the study to provide further support for this argument and therefore a greater focus is required on elite female athlete mental health.

Overall, the findings of the study provide a novel demonstration of elite athlete experiences in a quantitative investigation. Arguably there is a saturation of studies examining prevalence of mental health issues across a range of sports and the present investigation calls for further understanding of these experiences to examine and understand mental health literacy in current and retired professional athletes. More importantly, however, by examining the experiences and perceptions of these issues, it will help inform and develop support provision moving forward. To that end, the findings of study two provide recommendations for future research to enhance the understanding surrounding athlete's willingness to seek help within a professional sport setting and how the stigma of mental health and CMDs can be reduced in elite sport cultures for both male and

female athletes. Furthermore, there are a number of studies that have investigated the prospect of 'pre-retirement' planning (Lavallee and Robinson, 2007; Maseko and Surujlal, 2011; McArdle, Moore and Lyons, 2014; Park, Tod and Lavallee, 2012; Stambulova, Stephan and Jäphag, 2007; Torregrosa, Ramis, Pallarés, Azócar and Selva, 2015), and whilst this is a strong argument to reduce the potential risk of developing a common mental disorder after retirement, the present study also highlights the need to investigate the availability of post-career aftercare programs for athletes who have retired from professional sport and may have limited understanding and knowledge of how to access support and treatment for CMDs.

Conclusion

The second study of this thesis provides support for the findings of study one. Furthermore, it is argued that the study provides a novel insight into the experiences of retired and current professional athletes in relation to their mental health literacy and experiences of CMDs in a professional sport environment. Where many previous studies had looked to examine the prevalence of mental health issues in athletes, study two develops understanding beyond this and examines the perceptions of mental health in relation to the environment, identity, transitions, injuries, and coping strategies. This further validates the findings of study one where the exploration of mental health experiences in retired athletes has been found to be consistent in a much larger participant sample of current and retired athletes. Particularly when looking at the relationships shared amongst coping, transitions, injuries, and identity there is a suggestion that elite athletes' ability to cope when faced with these critical moments are not equipped to manage them effectively and are reluctant to seek help for them within elite sport environments. The findings therefore suggest that athletes also exhibit a reluctance to help-seeking when faced with a CMD, a possible issue associated with the stigma of mental health in professional sport, further perpetuating the stereotype of avoiding appearing 'weak' in elite sport environments.

The second study aimed to theorise and validate the findings of study one with a larger participant sample. The study provides some novel findings associated with the experiences of mental health and CMDs in current and retired professional athletes. The thesis will now look to develop understanding of professional support service providers in elite level sport. The aim beyond the present study is to then explore how the existing support provision can be developed as well as the experiences of professional support providers across different sports, with the possibility to acquire recommendations of improving support provision and referral networks in elite sport. Beyond this, developing recommendations for post-career aftercare programs that can facilitate positive psychological well-being and provide opportunities for athletes to seek support and treatment outside of their professional careers.

Chapter 5: Study Three

Professional support provision experiences and reflections in elite sport in the UK: Enhancing mental health literacy and clinical referral systems for current and retired elite athletes.

Study Three – Bridge

In the previous two empirical studies the focus was aimed towards the experiences of current and retired professional athletes. Several findings were outlined across these two studies that highlighted issues with attitudes and barriers towards help-seeking, stigma of mental health in elite sport, the existing state of mental health support provision and referral networks in professional sport, mental health literacy of athletes, the possible factors associated with developing a common mental disorder, and the potential cultural effects of professional sports on athlete mental health. For instance, in study two a noticeable finding was that of Olympic/Paralympic athletes displaying much more adaptive behaviours to managing the retirement transition compared to professional footballers in the UK. Interestingly, the findings of study two supported the themes found in study one with experiences demonstrated to be consistent across both male and female athletes regardless of sport or competitive level, and regardless of playing status (e.g., current or retired). However, a noticeable thread amongst the first two studies was the indication of participants suggesting issues with accessing available mental health or clinical support provision within elite environments, the lack of signposting towards what does currently exist, and the overall level of literacy athletes felt they possess during their careers, suggesting a need to enhance this in both athletes and coaches. Furthermore, there was a common finding across study one and two where athletes felt the introduction of a retirement plan, or a dedicated aftercare program would be beneficial to transitioning out of sport and preventing depressive symptoms or a common mental disorder. The final study of the thesis aimed to explore the existing support provision across professional sports in the UK to develop recommendations towards enhancing mental health support provision and literacy and improve practical applications of the thesis. Considering how the research had developed across both study one and two, it felt necessary to have a slight change in approach and instead of seeking recommendations from participants (which had already been alluded to in previous studies), it felt appropriate to approach existing professional support service providers and seek to understand their experiences working in elite sport environments. This was outlined with a

view to exploring the existing culture and attitude towards mental health in elite sport, the existing mental health provision that is currently available within elite level sports, and to also provide practical applications of the research in enhancing mental health literacy in staff and players, developing more effective clinical support, and potentially reducing the stigmatization of mental health in elite level sport through the enhanced awareness and understanding of these issues. It was structured in a manner that would explore a range of practitioner experiences, focusing specifically on sport psychologists, clinical psychologists, and psychiatrists, all of whom are actively working in elite level sport. The study broadened the range of practitioners across sports in the UK, and the sample represents a diverse number of participants that have a range of expertise and knowledge across a variety of sports in the UK and Ireland. The aim of the final study was therefore to gauge the existing support provision in professional sport to determine how to enhance mental health practices in these challenging environments.

Introduction to Study Three

The topic of professional support services in elite level sport has garnered much interest over the last thirty years with many researchers often focusing on reflections and implications of these services within professional sport settings towards developing future practice. The early work of professional support services – specifically in relation to sport psychologists – has covered areas such as athlete perceptions of the available services in elite sport (Bull, 1995), the implications of developing and embedding sport psychology practice into elite sport (Freeman, Rees, and Hardy, 2009; Petitpas, Giges, and Danish, 1999), and even perceived characteristics and effectiveness of sport psychologists in elite sport environments (Lubker, Watson, Visek, and Geer, 2005; Lubker, Visek, Geer, and Watson, 2008). Of particular interest in this topic is the development of understanding surrounding sport psychologists being embedded into the multidisciplinary team of elite sports, with some researchers suggesting that perceptions of sport psychologists are often influenced by factors such as sporting knowledge or athletic background, and professional status (Lubker, et al., 2008). This would indicate that a sense of rapport or trust from the athletes is influenced by a sense of relatability from the practitioner. In this sense, it would be reasonable to assume that under this premise athletes are less likely to trust a practitioner who does not have a pre-existing knowledge of the sport they are working in or are unable to apply contextual applications to be able to sympathise or relate with elite level athletes in their professional environments. This is emphasised in recent literary findings where it has been recommended that practitioners should be provided more sport culture related training, specifically looking at preparing practitioners for the challenges of elite sport environments (Champ, Ronkainen, Tod, Eubank, and Littlewood, 2020), and helping practitioners recognise positive and adaptive narratives and identity development within themselves as well as within the athletes they are working with (Champ, Ronkainen, Littlewood, and Eubank, 2020) to recognise potentially negative or toxic cultural impacts and facilitate strategies to overcome these issues.

Building on this earlier work many other sport psychologists and practitioners have frequently focused on the performance aspects of their roles. This is often in most scenarios informed by the remit of the organisation, club, or team that they are working for, as sport psychology, like many other multidisciplinary professions in elite sport, are embedded into the environments to enhance performance and increase the likelihood of competitive successes (Cotterill, 2012; Hemmings, 2011; Rowley, Earle, and Gilbourne, 2012). The occupation itself is then commonly misrepresented within elite sport as being solely designated to enhancing performance in elite athletes through psychological skills training and enhancing education and/or interventions that will equip elite athletes with the necessary psychological tools to succeed (Roberts, Faull, and Tod, 2016). This is arguably most often undertaken at academy or developmental levels in elite sport (Cotterill, 2012; Keegan, Stoljarova, Kessler, and Jack, 2020; Rowley, Earle, and Gilbourne, 2012). However, this discourse has begun to shift over the last decade where researchers have enhanced understanding of sport practitioners' influence in improving athlete wellbeing alongside performance, raising awareness of the need to develop effective strategies to combat the growing issue of athletes with common mental disorders in elite level sport (Roberts, Faull and Tod, 2016). This has paved the way for growing calls for the integration of both clinical and sport psychology practitioners to be embedded into elite sport environments to combat psychological wellbeing and clinical mental health related issues (Lundqvist, 2020; Rice et al., 2020; Rotherham, Maynard, and Rogers, 2016).

Gouttebarge, Bindra, Blauwet, Campriani, et al. (2020) research investigating the use of mental health assessment tools outlined the need for enhanced clinical practice in sport. Suggesting that the implementation of athlete screening for mental health issues and depressive symptoms would facilitate a more proactive approach to developing more appropriate support and treatment. Furthermore, the study outlines that these assessment tools should be carried out by clinically trained staff (e.g., sports medicine physicians and other licensed/registered professionals) at critical

moments of an athletes' career, such as during an injury, adverse life event, or significant and unexplained declines in performance. A recommendation which is supported by other literary sources, the use of mental health screening on a consistent basis is likely to enable practitioners to develop more enhanced intervention and referral strategies, allowing for earlier treatments before issues can potentially debilitate any further (Moesch, et al., 2018; Rice et al., 2020). However, while this suggestion adds a worthy argument towards developing more proactive approaches to recognising mental health issues and depressive symptoms in athletes, thus facilitating enhanced referral systems and treatments, it presents a number of issues in relation to athlete willingness to report accurate responses if they are suffering with depressive symptoms or a common mental disorder. That is, that should athletes feel there is a stigma associated with revealing a mental health issue or perhaps even recognising that the culture within their sport creates barriers towards help-seeking (Ong, McGregor, and Daley, 2018) then the willingness to engage with effective mental health screening measures is likely to face persistent issues with accuracy and effective treatment. Therefore, it is worthwhile to mention that to enhance these processes, first there must be appropriate education and awareness of mental health and common mental disorders to reduce the stigma associated with help-seeking in elite sport.

Sebbens, Hassmén, Crisp, and Wensley (2016) investigated early intervention strategies of mental health in sport with a focus on staff, rather than athletes. It presents an interesting argument in relation to the enhancement of mental health awareness and literacy, suggesting that the implementation of mental health education and awareness through workshops and training is likely to facilitate improved understanding, appreciation and knowledge of mental health and common mental disorders. Not only would this help multidisciplinary staff to recognise signs and symptoms of common mental disorders earlier, but similarly, it would likely also lead to a reduction in the stigma associated with common mental disorders in elite sport cultures and enhance attitudes towards help-seeking (Chow, Bird, Gabana, Cooper, and Becker, 2021; Gavrilova, and Donohue,

2018). Further research is needed in this area to validate these findings in elite level sport, as there is limited evidence within these settings to suggest that this can be developed in elite sport in the UK. This is contrary to other countries, for example in Australia where Rice et al.'s (2020) assessment of the Australia Institute of Sport's (AIS) national referral network has garnered considerable support for the effectiveness of enhancing mental health literacy in both players and coaches and embedding clinical psychological staff into these environments alongside other multidisciplinary staff. This is arguably a more difficult task in the UK due to the myriad organisational structures in place across British sports, with the availability of funding of support services being sporadic from heavily invested, to financially unstable dependent on the NGB. This is best represented by Feddersen and Halsted's (2021) review of the availability of athlete support from the perspective of smaller NGBs in the UK. Within this review the authors discuss the issues facing the smaller NGBs where the financial stability and availability of funds to provide support is significantly lower compared to NGBs that have much greater investment. Therefore, to develop mental health and wellbeing provision across UK sports there is a much greater need for investment and availability of funds to do so across several elite sports, and as Feddersen and Halstead (2021) recommend, there is a greater need for interconnectivity across NGBs and other sporting organisations to collaborate and share best practice and availability of support for their athletes. In essence, the argument moving forward from an organisational perspective would be to outline an enhanced holistic practice that allows access to appropriate intervention and treatment, but also to facilitate positive psychological wellbeing and enhance mental health literacy in athletes during careers and beyond retirement (Brady, 2021; Drawer and Fuller, 2002).

A significant issue associated with the availability of mental health support in professional sport environments are the competencies of professional support providers. For instance, sport psychology practitioners are not equipped with the relevant training to be able to treat or support mental health issues beyond simply identifying and referring athletes (Moesch, et al., 2018),

similarly it is argued that clinical psychologists and psychiatrists do not possess the sporting or contextual knowledge to effectively work with athletes in their professional settings. This is not to say that this is a general issue associated with practitioners of clinical backgrounds, however, it has been reported that in some cases athletes may be less inclined to trust or to work with a practitioner that has little to no understanding or experience of working in professional sport or is unable to contextually apply their practice to the culture of elite level sport (Lubker, et al., 2008). This has resulted in calls for sport psychologists to receive relevant common mental disorder training or CPD within their careers to establish a greater level of awareness and literacy in professional support service providers, thus enabling enhanced referral systems in elite sport (Breslin, Shannon, Huaghey, Donnelly, and Leavey, 2017; Ong, McGregor, and Daley, 2018; Roberts, Faull, and Tod, 2016; Sebbens, Hassmén, Crisp and Wensely, 2016). Therefore, the aims of study three of the thesis is to assess the existing support provision within elite level sport in the UK. To build on existing calls for improving referral systems for athletes suffering with a common mental disorder and explore the avoidance of help-seeking behaviours of elite athletes from professional support service providers. The elucidation of these findings provides another aim for the study whereby it intends to reduce the stigma of mental health and common mental disorders in elite sport through recommendations of enhancing applied practice in mental health support.

Methodology

Participants

Participants were recruited purposefully for the study using Patton's (1990, cited in Sparkes and Smith, 2014) sub-category of criterion-based sampling to refine the sampling method and target individuals who had specific expertise that would best allow the researcher to explore the chosen phenomena. Participants were selected based on their expertise and were contacted using a combination of pre-existing relationships where the researcher had already communicated with the participant prior to the study, and through social media. To be considered for the study participants

must have a qualification and accreditation as a practicing support provider. Support providers were defined as, Sport Psychologist, Clinical Psychologist and Psychiatrist. All participants must have been qualified and accredited for a minimum of 3 years and must have worked in an elite sport environment for a minimum of 12-months. Initial contact was made with a total of 30 participants who met the specified criteria. Each participant was sent a message through social media platforms where preliminary enquiries were made regarding availability and suitability to participate. Following initial enquiries about suitability, 5 were deemed unsuitable as not meeting the specified inclusion criteria and were therefore removed from the sample. Of the remaining, 25, 3 were unavailable due to scheduling conflicts, 4 failed to respond to follow-ups, and 18 agreed to participate. Of the 18 participants in the study there was a total of 14 sport psychologists, 3 clinical psychologists, and 1 psychiatrist. The participant sample was split between 11 males and 7 females, all of whom had a range of experience across a variety of professional sports, of which included (but was not limited to), football, rugby, horse racing, golf, Summer and Winter Olympic/Paralympic sports, and cricket. Other sports were also mentioned alongside some expertise working in professional academy and youth development pathways for elite sport, however, whilst this was considered, participants were selected on their work and expertise in senior professional sports.

Procedure

Once participants agreed to participate in the study each one provided their email address where a follow up email was sent once again outlining the purposes of the study and a participant information sheet and consent form was attached. Participants were requested to provide their availability to participate in a semi-structured interview conducted online via Zoom and to read the information sheet before signing the consent form. Once confirmation of an applicable date and the consent form was received participants were emailed a link and a one-time passcode to access to the secured Zoom call. When participants accessed the call an introductory brief was provided

detailing, the purposes of the interview, clarification that the interview was being audio recorded, and the estimated length of time the interview would take. Once this was provided a semi-structured interview took place. The interviews varied in length across participants, lasting between 33–91 minutes ($\bar{x}$ = *62 minutes)*. Once the interview was completed participants were asked if they had any concluding comments or questions regarding the use of their data, following this, participants were thanked for their time and the Zoom call was ended along with the audio recording. Once all data was collected transcripts were created verbatim from the audio recordings to prepare for analysis.

Interviews

The study employed the use of semi-structured interviews due to its flexible and adaptive approach in qualitative research to develop conversations with participants (Patton, 2002, cited in Braun and Clarke, 2013). This choice of interview was selected for the researcher to create an interview guide but still allow scope for participants to explore issues, behaviours, and experiences that the researcher had not anticipated within the line of questioning (Braun and Clarke, 2013), furthermore, the semi-structured interview provides opportunities for participants to develop meaning behind responses and explore the perceptions and knowledge behind their experiences (Sparkes and Smith, 2014). It should also be noted that while an interview guide was used throughout the interviews, this was maintained as a method of establishing consistency with each participant, but the study also echoed aspects of Lally's (2007) views that interview schedules can inhibit or constrain open dialogue, therefore the questions were developed in a manner that would establish free-flowing conversations to build for each participant whilst still incorporating a flexible structure.

To avoid any potential issues with participants feeling uncomfortable with the line of questioning, the researcher followed the guidance of Sparkes and Smith (2014) in designing an interview guide that allowed a structure of topics and experiences to be explored but also provide

participants the opportunity to build beyond the initial question and detail their experiences. This was done by drawing on existing literature to outline questions that were relevant to the topic, refining questions to prevent overloading participants, including opening 'ice breaker' questions that allowed a rapport to develop between participant and researcher, and including a 'closing tour' line of questions that offered the participant opportunities to fill any gaps that may have been missed.

Data Analysis

A thematic narrative analysis (Riessman, 2008) was performed on the data collected from participants. This method was chosen due to its adaptive approach in exploring the core process of the conversations and stories that participants had provided within the semi-structured interviews. Thematic narrative analysis allows researchers to focus on meaning by identifying key themes, tracking a narrative, and being able to conceptualise comments made to identify, compare, and contrast connections from multiple participants to represent the most meaningful data (Sparkes and Smith, 2014). The method of performing the thematic narrative analysis is outlined by Sparkes and Smith (2014) and is structured into eight key moves. Starting with *Immersion* of the data, and subsequently followed by seven stages; *Writing initial thoughts:* Make descriptive exploratory comments about the data. E.g., Underlining reoccurring key events, characters, phrases, etc.; *Identify key themes:* Making connections across the participant's data and attempting to identify patterns and meanings as constructed by them. This will occur by establishing common threads across the participant transcripts; *Tracking within a narrative:* Examine where a theme appears in the story, and any interactions between the themes; *Make conceptual comments:* Move away from explicit claims made by the participants and begin to make tentative conceptualisations of how the themes can be related; *Name the theme and write the story:* Define the themes and consider what each theme means in relation to the participant's story; *Compare and contrast:* Do all of the above for each participant then compare and contrast the most meaningful themes. *Writing the report:*

Represent the most meaningful themes across the participants and interrelationships among themes in rich and layered detail.

Trustworthiness

Reliability of the study's findings was established through a 'transactional' notion of validity (Cho and Trent, 2006). This is the assumption that qualitative research achieves greater credibility through following effective practices and techniques whereby the reliability of the results are reinforced by maintaining parity throughout the process of data collection and analysis. Throughout the study the research process was maintained to establish a sense of trustworthiness in the findings. As already highlighted above, the use of an interview guide was employed for every participant, and each participant engaged in the same procedure to conduct the semi-structured interview. Once data collection had been completed and analysis had been finalised the results were triangulated (Sparkes and Smith, 2014) with other researchers to reaffirm the themes that were found. Sparkes and Smith (2014) note that there are some criticisms of this process, as it can be suggested that some of the methods of trustworthiness are not appropriate for qualitative research, however, the study employed the use of triangulation to overcome this critique and remove any potential bias in the findings from the researcher.

Findings

As a result of the analysis three main themes were found to be associated with the experiences of professional support service providers in the UK. The themes were identified as: (1) Athlete Mental Health Literacy, (2) Athlete Mental Health Issues, and (3) Existing Mental Health Provision. As seen in Figure 11 within each of these three main themes are several associated themes that provide further understanding of the participants' perceptions and reflections of professional support services in elite level sport. The following section will present and discuss the themes with support from existing academic literature.

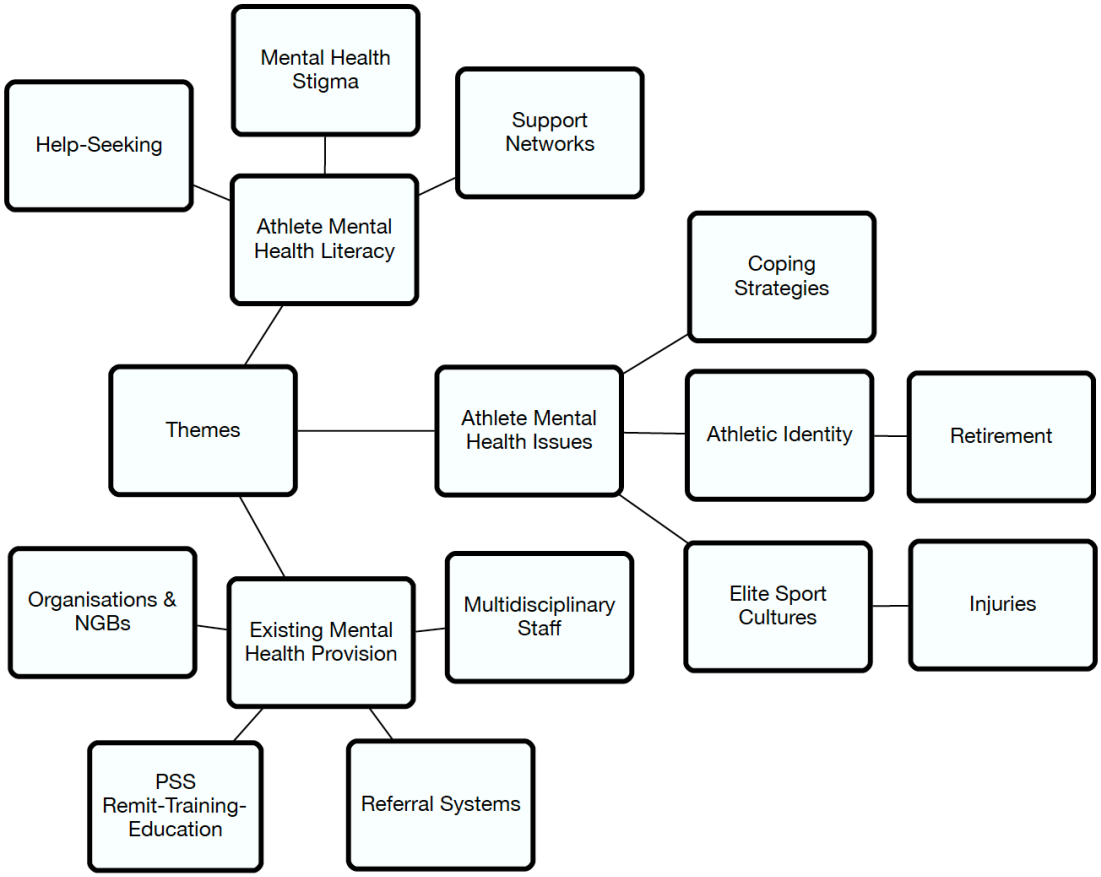

Figure 11: Concept map displaying the study's three main themes and associated themes.

Athlete Mental Health Literacy

One of the three main themes across participant narratives was surrounding the discussion of athlete mental health literacy. When asked to provide details of their experiences and understanding of mental health provision in sport, mental health literacy was discussed with three associated themes of *help-seeking*, *mental health stigma*, and *support networks*.

Firstly, the discussion around mental health literacy from practitioners' experiences focused on athletes' current understanding of mental health and common mental disorders. Participants agreed that mental health education should begin at youth development stages where athletes can be introduced to these concepts and issues to develop their mental health literacy and prepare them for later life. This indicates that elite level athletes should be introduced to the concept of mental health and managing their psychological wellbeing much earlier in their development to facilitate greater

self-awareness, as well as enhanced understanding surrounding mental health and common mental disorders in elite level sport.

James

I presume most people, if not everyone is going to come up against it [mental health issues]. But if you've had some education early on, you're going to deal with it, you're going to raise that flag, make that phone call, you're going to make that appointment. So, I think it's [mental health education] absolutely crucial to start young.

Amy

I think if we start young, if we look at implementing it, it becomes normalised and it becomes something that is talked about, we can still implement it later on. But it won't be as effective as it would, it has to become part of the culture.

This argument has received very limited attention in recent years with the present study providing renewed interest in developing effective mental health education at youth phases of elite sport. However, the recommendations provided by participants indicates a growing concern that elite youth athletes do not possess the effective psychological tools to be able to manage the pressures and stresses of elite level sport, with stigmatisation contended to begin at these youth stages (Sothern and O'Gorman 2021). The findings would argue that the need for developing effective mental health education at these younger age groups could arguably eradicate the stigma of mental health issues which can be perpetuated at senior level sport (Breslin et al., 2018; Breslin et al., 2021; McLoughlin, et al., 2021).

The topic of youth elite sport is a growing concern in the field of mental health as athletes face the risk of multiple stressors, including, deselection (Wilkinson, 2021), perfectionism and burnout (Walton, et al., 2021), and a potentially emotionally abusive environment that can carry

long-term trauma into adulthood (Gervis and Dunn, 2004; Schnell, et al., 2014). However, within the present study participants outlined the potential benefits to an athlete's psychological wellbeing by being able to manage these high-stress environments successfully, indicating that senior level athletes, whilst perhaps not always being entirely self-aware of it, are able to recognise the symptoms and signs of languishing mental health better compared to youth elite athletes.

Michael

I think older athletes by virtue of life experience, come to recognise that struggle, from time to time can be difficult is actually pretty normal and it happens to everyone. I think that young people who have not yet had the benefit of that life experience, I can understand why they might be thinking different.

Peter

I think they inherently do know about it [mental health issues], whether they're able to articulate it is another thing. So they will probably know something doesn't feel right, or something's wrong within themselves, but being able to articulate this is what I think it is or this is the effect it's having on me.

Another noticeable pattern emerging across participant responses was the notion of staff literacy. This argument was outlined by most participants suggesting an existing lack of literacy in multidisciplinary staff members, whereby staff being unable to recognise mental health issues or depressive symptoms is arguably causing a type of stigma in the professional sport environments due to a lack of literacy.

Clare

I think that in relation to mental health literacy, because if you've got a culture that has a stigma towards mental health doesn't really understand the spectrum of mental health doesn't understand mental ill health. What you find is staff are scared of mental ill health. Because they feel slightly responsible. If you've got an athlete that comes to you or that needs support in relation to mental ill health. The terminology might scare them, because they feel it's something they aren't necessarily clued up on, they don't really know that much about it.

Stacey

I know that the coaches are a little bit scared of the terminologies surrounding mental ill health. Whereas if we felt more comfortable, and it was more normalised in that environment, talking about mental health positively or negatively was more normalised, I think it would be much easier for athletes to have that conversation.

The need to develop enhanced training and education for coaches and other multidisciplinary staff is strengthened in the present study as participants outlined the issues associated with a lack of literacy in staff, indicating a potential unintentional stigmatisation of mental health due to this absence of knowledge. The need for staff to become more self-aware of this issue is reinforced within the data as it is suggested by participants that the lack of mental health literacy is also having a negative effect on the culture within elite sport environments. Therefore, the proposition that coaches and other multidisciplinary staff need to enhance their knowledge of mental health and common mental disorders will provide benefits, not just for the staff but also the athletes as the culture will shift to a more positive understanding of managing stress and wellbeing (Carson, Walsh, Main and Kremer, 2018).

Participants did however reveal that these views had seen a slow, but steady shift in more recent years whereby several practitioners had found that they had begun to see minor changes in attitudes and perceptions in staff who had voluntary engaged in some form of mental health related CPD. This indicates a need to develop a consistent approach to mental health literacy by enhancing the overall education and awareness of this in professional sport. One key recommendation from participants was to introduce greater accessibility to relevant CPD and training in the form of Mental Health First Aid and introducing context relevant education and interventions of depressive symptoms and CMDs in elite athletes. This would allow multidisciplinary staff to better recognise and communicate any potential issues to the appropriate staff members without creating a potential barrier for athletes to seek help, enhancing staff confidence through increased education and awareness (Sebbens et al., 2016).

Help-Seeking

A prominent associated theme that developed in the data in relation to athlete mental health literacy was the discussion around athletes' willingness to seek-help, or indeed their awareness of help-seeking within a professional sports environment. The analysis established several key elements associated with help-seeking behaviours in elite athletes, with practitioners discussing the most common barriers or issues associated with preventing athletes seeking help or their willingness to seek help for a common mental disorder.

Jane

If selection is at stake, or progression or a contract is at stake they're less likely to seek support, and what the social norms of that environment… the athletes will hide any kind of challenges they might find, because they fear that it will affect their eligibility for selection, or they fear that it will cost them their contract, or that they'll get benched.

Jane's comment was echoed by eleven other practitioners in the analysis, and it is a comment which creates a particular cause for concern in elite athletes' willingness to seek help. As their livelihood is tied to their participation in sport athletes are at an increased risk of developing avoidance behaviours to seeking help due to the high level of demand placed on athletes in professional sport (Schinke, 2017). Furthermore, the concerns exhibited by practitioners were compounded by examples of athletes who, during private one-to-one sessions, had mentioned their reluctance to seek-help due to the potential negative implications of appearing vulnerable (Addis and Mahalik, 2003; Rafal, et al., 2018). This in turn would have the negative implication of ruling them out of playing, being 'dropped' from the team or squad, or perhaps in some cases of even being traded to another team. This supports the findings of Lebrun et al. (2019) who found elite athletes suffering with a common mental disorder were more willing to postpone seeking help and argues that this could be due to the perception of the culture and environment of elite sport, whereby athletes are less inclined to seek help inside of these environments. Building on this argument the findings provide examples of why athletes are more often choosing to seek support outside the confines of the professional sport environment for a mental health related issue.

Alan

I think people probably find it easier to seek your support or to seek support from someone else from a mental health point of view, if they are doing it more independent from the team environment, because I still think that must come from not always wanting to be seen to be doing it.

Mary

I would definitely say they're more likely to seek support outside the club than in. And private clients generally come to me for that reason because I'm not part of their club. So, the client, the Olympic athlete, she was like, there's no way I'll be speaking to anyone in the

club because you don't know the coaches, that's why I've been speaking to you. Same with the rugby league guy, you're not part of the club. If you were part of the club, I'd be more anxious to speak to you. That's why they come to see me because I'm not part of the club and I don't wear the kit.

David

Help placed outside of employment or contact of line management setting has got a much better chance of a) enabling the athlete to be completely honest and open about what's going on, but also b) accessing it in the first place.

These findings possibly outline several areas whereby previously attitudes towards help-seeking in professional athletes has been misunderstood. The present study's data indicates that commonly practitioners within these environments and outside of the professional sport culture have similar experiences whereby as elite athlete mental health literacy has improved, they have recognised that seeking help within their immediate environment is perhaps detrimental to their playing or competitive opportunities. Where previously stigma towards professional support services was prevalent in elite sport (Tahtinen and Kristjansdottir, 2019), improved literacy of mental health and common mental disorders is shown to have a positive effect in elite athletes' willingness to seek appropriate help in both males and females, albeit outside of their sporting environment. This strengthens Rice et al.'s (2020) recommendations towards improving elite athlete mental health literacy to facilitate improved attitudes towards help-seeking.

Mental Health Stigma

Beyond addressing the prevalence of common mental disorders in elite sport, arguably the most prominent barrier associated with developing mental health literacy and improving attitudes towards help-seeking in elite level sport is the perceived stigma that is argued to still be ingrained

within the culture of elite sport. This was a sentiment that was expressed by all but one participant in the study.

Steven

I think once you admit that you've got depression, or even if I'm suffering with anxiety, people assume it as the worst and see it as a weakness in elite sport, definitely.

Victoria

I think it's difficult because sometimes it can be stigmatised or seen as – especially when you're in a very physical, like a fight sport, whether that's rugby, or Judo, or anything like that, where you're physical. You can sometimes still be perceived as being weak. So I think that makes it difficult for some people, especially typically for the guys.

Laura

The current attitude is that mental health is negative mental health. Links to only negative things or is seen to be.

The issue surrounding stigma in elite sport has arguably been perpetuated within the culture of elite sport itself. Bauman (2016) outlines several organisational factors associated with professional sport, such as, achievement, attitudes towards perfectionism, and media glorifying success, all of which have perpetuated the culture of elite sport to be driven towards outcomes and athletes being perceived as strong or mentally tough. The findings here indicate the stigma associated with mental health is arguably underpinned by this perception of elitism, masculinity, and regressive attitudes towards avoiding appearing weak or vulnerable for the sake of performance (Brownhill, et al., 2005; Sinden, 2010). To that end, athletes are demonstrating behaviours towards mental health and help-seeking that would suggest they are aware of the stigma associated with common mental disorders and are fearful of repercussions associated with revealing these in the

environment. There is some indication that staff within the environment are also aware of this fact and are consciously attempting to protect athletes from this. As one participant discussed:

Chris

I've heard examples of club doctors, who would basically tell the manager that the problem their player is off with is a physical injury, when it isn't, when it's a mental health issue, because of that manager's lack of empathy and understanding for the need for mental health support.

However, whilst mental health stigma is a significant problem in elite level sport in the UK (Merz, et al., 2020). There are encouraging results presented also. Participants discussed the issues associated with the stigma that is still present in elite sport, but there was an encouraging number of practitioners who reported the positive changes that they had begun to see in professional sport over the last few years. The growing number of testimonies of high-profile retired athletes who had openly discussed their mental health and ill mental health has seen a small, but positive impact in elite sport suggesting attitudes and behaviours towards the issue are showing effective change.

John

I think my big thing is the anecdotal cases coming out of the media, you've got more athletes who have competed at the highest level disclosing their stories relating to their mental health. I think it's had a massive impact. The idea that this person performed at the highest level but still had all these other things and had to cope with them. Therefore, you know, it's not detrimental to me to put my hand up and say I go through that as well.

Clare

I think across sport, there's a different level of acceptance, perhaps football's a little bit behind. But we've now got more players that are speaking up and opening up about their mental health issues. Perhaps some of the other sports are a little bit more accepting.

David

I think one of the biggest impacts in a positive sense to drive people towards being more comfortable with looking at this aspect of themselves, has been the very brave testimony shared by individual athletes over the years for how they have struggled with their mental health.

Participants discussed this effect based on existing athletes having a sense of relatability or contextual appreciation of retired elite level athletes having faced similar challenges and experiencing a mental health issue. In a few cases this was reported to have facilitated a positive change in attitude towards mental health literacy, suggesting athletes, particularly those in the early stages of their careers were more likely to engage in mental health education and awareness programs when there is contextual relevance to their professional sport experiences. For example, the prospect of listening to a successful athlete having overcome a common mental disorder or being open about having a common mental disorder was positively influencing elite athletes' willingness to engage more openly with mental health literacy. A recommendation that could potentially facilitate further success of existing mental health education and awareness programs (Breslin, et al., 2018).

Support Networks

Finally, in support of athlete mental health literacy the associated theme of 'support networks' was found to be discussed by most participants. Social support networks have been recognised as an integral part of an athlete's psychological wellbeing, suggesting that athletes should establish a strong core of social support not just within sport, from coaches and fellow

players (Sheridan, Coffee, and Lavallee, 2014), but also outside of sport from peers and family members (Poucher, Tamminen, and Kerr, 2019). The notion of social support was indicated by participants to have a significantly positive impact on athlete's willingness to engage with professional support services, but also offers an effective coping mechanism for elite athletes in times of crises, thereby managing their mental health more adaptively through this regular availability of support.

Amy

I think it's simply because if you have multiple groups available to you, outside of sport, that gives you more resources to draw on during a time of need. Especially because if your only support network is in sport, and you're injured, and you're not in the sport environment, how are you supposed to access your resources?

Ashley

I think that support shouldn't just be within the club, it should also be outside of the club, in that if they have a network of individuals that they feel comfortable, if they have an identity outside of the sporting environment. If they're broader than just the footballer or the swimmer or tennis player. I think that's always going to be a positive in helping them to deal with setbacks.

Mark

Athletes who've got a lot else going on in their life, you know, they've got a partner, they've got family, they've got a second career that they're busy developing. They have other groups of friends that are completely not related to the sport environment at all. I think those are the people that cope better, generally speaking.

Existing literature investigating social support has demonstrated the positive impact effective social support can have on adolescents (Lubans, Morgan, and McCormack, 2011) and

student athletes (Yang, Schaefer, Zhang, Covassin, et al., 2014), providing some indication as to how this effective social support can positively influence psychological wellbeing and reduce stress. Furthermore, social support has been demonstrated to have positive effects towards coping and decreasing negative emotional and psychological reactions in elite athletes who are suffering with an injury (Clement and Shannon, 2011). The present study provides some indication as to the benefits this can also have on mental health in elite athletes as practitioners discussed encouraging athletes to develop wider support structures in their lives outside of sport with family members and peers as a significant source of social support (Richardson, et al., 2012). This would aid athletes in broadening their interests and improving their overall life satisfaction and self-worth without it being tied solely to professional sport.

Athlete Mental Health Issues

The second main theme of the study was focused on athlete mental health issues. This theme explored a range of associated themes that practitioners most discussed in relation to what they had experienced during their careers as a professional support service provider. Athlete mental health issues explores the most common areas that practitioners had encountered with regards to what could impact an athlete's mental health.

> John
>
> *There's still the typical vulnerable points in my work with athletes. Things like a deselection or a loss of form that's impacted on them. As well typical life experiences that may affect them like meetings, romantic relationships, conflict resolution. Homesickness is a strong one, particularly when athletes relocate because of a new contract or a new team. So, it tends to be those typical points around both life, typical life stressors, as well as some social and being an athlete.*
>
> Mark

Uncertainty in any way, shape or form is a very common theme for athletes who struggle with their mental health. I would certainly say that one of the major drivers for this is the difficulty that many athletes have in terms of managing their self-identity and self-esteem because the two are tightly linked around their identity as an athlete.76

Laura

I've had quite a few experiences of players in that 18 to 23 group and I found that with some of them who may be a little bit more susceptible to anxieties, for whatever reason, that's when their mental health gets challenged.

The main theme first outlined what participants had experienced in terms of athlete mental health and discussions were quick to outline the current issues and challenges that athletes face within the professional sport culture. However, what was more revealing were the points raised around athlete mental health outside of the sport itself, with suggestions pointed towards a complicated relationship between sport-life balance. Numerous examples were provided of athletes facing personal issues outside of the sport culture around relationships, physical and psychological development, anxiety, managing the self, measures of self-worth and issues associated with transfers/loans or moving away from home negatively affecting mental health (Elliott, 2021; Elliott and Weedon, 2010). More common organisational stressors associated with professional sport (Arnold and Fletcher, 2012) were also discussed, however, associated themes of *coping strategies*, *athlete identity*, and *elite sport cultures* were found to be the most discussed by all participants with regards to factors most likely to negatively affect an athlete's mental health.

Coping Strategies

Coping strategies were discussed by participants as an area athletes had typically developed through experience in the high-stress environment of professional sport. Practitioners recalled experiences of working with elite athletes in both individual and team sports and argued that effective coping strategies had been developed in accordance with the demands of their sport and in

the cases of athletes who had exhibited depressive symptoms or a common mental disorder typically had difficulty adapting their coping strategies to life outside of sport.

Mary

I remember one particular footballer only coming to me when he was having suicidal thoughts. And he did his ACL, never been injured before. He was drinking heavily. He was really quite shocked by his inability to cope, because he'd never been challenged like that in his life before and didn't have the coping mechanisms, because nobody's taught him because it's not important until something happens.

Steven

A positive thing to look for is that athletes in team sport environment tend to display, apparently less experiences of loneliness and depression, than those in individual sports.

Further evidence discussing the use of effective coping strategies was outlined by participants. The recommendations from practitioners indicated that youth elite athletes must be introduced to effective coping strategies and the notion of broader or dual identities earlier in their careers to help cope with a possible negative life event. Instead of viewing these as such, it is suggested that these should be viewed positively as critical moments in which athletes utilise the feelings of existential anxiety and have opportunities to develop, improve and broaden themselves towards greater self-knowledge (Nesti, Littlewood, O'Halloran, Eubank, and Richardson, 2012).

Athlete Identity

Athletic identity is a topic that has received widespread interest from researchers. The focus has often been the development of athletic identity and identity crises in relation to experiencing retirement from professional sport (Park, Lavallee and Tod, 2013). The first of two associated themes in athletic identity were discussed, focusing on identity development and management

within elite level athletes. Participants recalled experiences of working with athletes and establishing positive and effective management of their identities, as a major cause for concern in practitioners were the potential mental health risks associated with elite sport facilitating narrow identities in athletes, potentially as a detriment to an athlete's wellbeing.

Alan

In my experience, The UK, professional football as an example. I think they are traditionally pretty bad at promoting the development of a healthy, balanced identity, I think they go to quite a narrow way. We encourage people to put their eggs into one basket and then when we compare that to other European countries, for example. Often I will encounter young professional boys and men from across Europe who speak four or five languages, who are well-read, who are interested in more diverse things than just football. I think that must come from the more experienced formative years that they're having. I'm not sure if this is just something they seem to have in the water in France, or Holland, it just seems to be the way they view themselves.

Several practitioners expressed their concerns for athletes developing narrow athletic identities in their careers. A notion which is supported by several authors, all of whom have argued the risks associated with developing narrow identities at youth development phases into senior level sport (Warriner and Lavalle, 2008; Wylleman and Reints, 2010; Wylleman, Alfermann and Lavallee, 2004). These comments focused on how developing identity in elite sport can have positive effects on athletes' mental health.

Peter

Having a healthy number of identities is a legitimate positive strategy for developing good psychological well-being. Has benefits for them and their performance, and their well-being whilst they're on the pathway also has benefits when they leave pathway as well.

Richard

I think in in my kind of experience, when things have gone well, it's because they have quite a strong identity around sport, and outside of it. But it's almost like there's different versions of themselves, as in there's one is the competitive kind of athlete. One is when it goes to training. And another one's the brother, sister, friend, colleague, however you want to frame it in that way, it gives them more to, to their lives into their personal identity than just sport.

Victoria

The higher level you go, the more being an athlete is part of that athlete's identity, wellbeing and performance are intertwined. You can't separate the athlete from that part of their identity. Yes, you can add more identities, which is helpful, but you can't separate that from their identity. So if someone is not performing well, it's going to impact on their well-being. So they're not separate things.

However, as participants had pointed out the risks of narrow identities in elite sport, they were all quick to highlight how the work of a practitioner in these environments has focused on looking to develop more well-rounded and adjusted individuals by incorporating effective psychological support at youth (Champ, Nesti, Ronkainen, Tod, and Littlewood, 2020; Morris, Tod, and Oliver, 2016) and senior levels to develop broader or a variety of personal and athletic identities to help cope with both their sport and personal lives.

Athlete Identity – Retirement

The second component of the athlete identity theme was associated with retirement of elite athletes. A topic which has garnered significant interest from researchers, the subject was approached by participants to address a common factor associated with athletes developing a common mental disorder.

Jane

If you look at athletes who have more of an athlete identity are more successful. But then the stronger the athlete identity, the more difficult it is when they retire. So it's like a contradiction, or a double-edged sword.

Chris

Of the athletes that I've worked with that have had a plan or retired on their own, almost when they're ready, have sort of coped with it better than the ones that have sort of been forced to retire from injury or, circumstance or whatever. I think, awareness that you might not feel great, while you're retiring, or a couple of months or a year or so after your retirement, I think there just needs to be much more common open conversation, whether that's athletes talking with each other, or talking to a psych, or just whoever just to have those conversations.

Once participants had approached the topic to highlight this issue in agreement with existing findings. Many of the participants began to provide novel recommendations in relation to elite athlete retirement.

Stacey

I think that there needs to be a post at least six months to a year out of sport that there is support and contact, because there'll be a honeymoon period when they're out of sport. And

then they might think, well, we play golf, a lot of athletes love to play golf. But then six, seven months down the line, you hit winter, you can't play golf anymore. The penny drops, the realisation kicks in, and no one's there.

Michael

Support needs to continue beyond when the player's transition out. The issue is you can't. [Confidential] won't justify paying me to go and work with somebody who isn't on their books. There has to be specific job roles included for players who are in those positions. *There needs to be a recognition that this is an important part, our responsibility to these people just because they're not athletes anymore, doesn't mean they're worthless to us. And also, we need to consider the conditions under which they would [go through] the transition, usually it's a forced transition.*

These recommendations have moved beyond the process of planning for retirement, which has been focused on in many other sources (Alfermann, Stambulova and Zemaityte, 2004; Lally, 2007; Park, Tod and Lavallee, 2012; Torregrosa, et al., 2015), and instead moved towards the novel idea of developing effective post-career aftercare programs for athletes who have exited elite sport. This presents numerous challenges associated with NGBs and how this would be managed from an organisational stance, but the notion of the aftercare program for elite athletes would likely present numerous positive results in considering players who have faced de-selection and athletes who have experienced a full career and transitioned out of the sport. To date, there is only one example of such an aftercare program currently in place in professional football in the UK and is targeted towards capturing de-selected players from ages 18-23 with a focus on providing education and training to ease the transition out of sport alongside providing dedicated care and support for players (CPFC, 2022). However, the program is still very much in its infancy and is therefore difficult to measure its success or positive influence on athletes coming out of professional sport, but still represents a significantly positive development to what currently exists in the UK.

Elite Sport Cultures

It has become a common understanding within elite sport that the short-term and long-term future of athletes is dependent on results. Elite athletes at the top-level are expected to perform, and to win at every possible juncture they face, meaning the very basis of the activity they engage in every single day is directed towards winning and success (Nesti, et al., 2012). To that end, elite level sport has been proven to be a fast-paced, results-driven business that is ruthless and resistant to change (Eubank, Nesti, and Cruckshank, 2014). As an elite level athlete there is a demand and expectation to meet the requirements of the culture they are in. A notion that is perpetuated by the existing staff and players to maintain success and drive in winning from youth development phases through to senior level sport (Morris, Tod, and Oliver, 2016). Certainly, the evidence found in elite level football in the UK argues the developmental needs of footballers are very quickly removed in favour of successful outcomes at senior level sport, emphasising ruthlessness and masculinity over nurturing and performance (Richardson, Relvas, and Littlewood, 2013).

James

I think there's still that idea that there needs to be a trade-off between the two. So if I'm going to invest time in the psychological side of my well-being it's going to be at the detriment of my performance when it's really not the case. So that's within the players, but also I think, within management as well.

Ashley

Sometimes a bit of illogical decision making in sport. They are desperate to win. They'll sacrifice anything really to win or to make it. Your health, your diet, personal well-being, physical, mental. That's the nature of professional sport culturally. Often, we might be in competitive environments, where people are fighting for places, there's not always a great deal of empathy among individuals. Because of the cultures that we're in.

Richard

And a lot of the lads will say to me I know who I am. I know who I stand for. But when I go into this environment, I just put a mask on, the person you see, the behaviour you see, the conversations I have, that's not the real me, I'm just hiding part of myself in a way to try and survive this environment. Because this environment can be really challenging. And sometimes if you show weakness it's perceived as being vulnerable.

Amy

I think that it's that cohort of slightly older individuals who have got quite kind of, you know, fixed ideas about mental health, mental illness, etc. that are the ones that need to move furthest just to remove some of these blocks to people seeking help, as early as they can.

The findings of the study provide further support for the understanding of elite sport cultures in the UK. Particularly of interest in the discussion by practitioners was the development of enhancing mental health awareness and literacy in these cultures. Participants revealed that despite attempts to engage in mental health education and awareness, the sport cultures, and the staff within these are reluctant to change and instead common mental disorders and the general topic of mental health was still associated with appearing 'weak' or 'vulnerable'. There is an indication to develop the understanding of mental health from an organisational level whereby the culture will be renewed or redefined to better suit facilitating athletes' mental health to flourish in these environments.

Elite Sport Cultures – Injuries

Most participants discussed the issues associated with injuries in professional sport. Many of the points made were in support of existing literature suggesting that athletes are at a higher risk of developing a common mental disorder when suffering from a long-term or severe injury (Gouttebarge, Kerkhoffs & Lambert, 2016; Losty, et al., 2019).

Mary

My experience is that injury is the most difficult point. So there's a sense of isolation, which can contribute to feelings of loneliness helplessness.

However, when asked to explore this further, participants discussed the impact of the culture itself in how athletes have been treated during times of injury. Emphasising the need to enhance appropriate psychological support alongside physical rehabilitation, practitioners provided experiences and recommendations of where this can be improved upon.

Mark

I think there are organisations who are more psychologically informed, who will be more aware of the risks associated with injured players. They proactively look into put provisions in place. Safeguard against athletes, so there might be policies or procedures where athletes who may be injured are given access to sport psychology support or psychology support straightaway. If they meet certain criteria for example, that's something I've seen previously. So any athlete who is predicted to be injured for more than six weeks automatically gets psychological support provided.

John

So one of the issues that came up a lot in the past was about exclusion. And, of course, that exclusion might have been just determined by the physical environment. And probably we're trying to do over time has been to the involve the player, the athletes, in as much of the normal everyday activity that they could be attached to. So again, that probably depends on one, the environment, two, the personnel, and three, their orientation towards the health and well-being of the players. So I guess at an organisational level, that is critical.

Building on previous literary recommendations of enhancing practitioners' delivery in elite sport cultures, the findings indicate a changing perception of psychological support service providers, where previously there had been barriers to engaging in effective collaboration and multidisciplinary support due to the organisational culture (Chandler, Eubank, Nesti, Tod, and Cable, 2016; McDougall, Nesti, and Richardson, 2015), the present study suggests a change emerging across professional sports with many more coaches and other support staff 'buying in' to psychological provision. This was particularly demonstrated for injuries, however, there was still noticeable issues arising in the context of professional football in the UK where participants indicated it was perhaps more reluctant or resistant to engage with this due to the culture of the sport, particularly when compared to other sports in the UK.

Existing Mental Health Provision

The final theme which developed within the data was focused on existing mental health provision in elite sport. Participants discussed their experiences of working in professional sports and provided details surrounding what they had currently encountered in relation to mental health provision. This provision was outlined to be both proactive and reactive and occurred within the environments through a range of differing iterations, suggesting the existing support provision to address mental health in sport is sporadic and inconsistent dependant on the organisation and sport to which it is provided. To the researcher's knowledge this is one of the first studies to examine the role of mental health provision in UK elite sport, and therefore presents novel findings to develop this area.

Victoria

I think it's really only there if a crisis hits. So that's my only concern that the conversation is not about how sports go about your daily business and how that facilitates good mental health. And it's really crisis oriented when someone's in ill health and how we respond.

Richard

I think in my experience provisions for mental health have varied from nothing, normally. To having some sort of mental health education for staff. Mental Health First Aid. To other organisations at other times where the mental health provision has been much more formalised and structured whereby there's been a designated working party who will be responsible as a group with a kind of shared responsibility. That group is comprised of clinical psychologist, who consult. A sport psychologist, a medical doctor, a physio, head of medical, medical, education, safeguarding, as a working party who are looking after that.

Participants did indicate that there have been positive changes in more recent years. Mental health provision however is suggested to be outsourced to provide education and awareness, potentially causing issues with inconsistency in delivery and content dependant on which organisation or charity is arranged to provide this service. Despite this there is a clear indication from participants that the attitudes towards developing mental health provision is changing for the better, with a wider range of staff and third-party providers being utilised to provide education and awareness.

Jane

I think the clubs have now introduced player care officers who facilitate education sessions for the lads, things like sporting chance coming in and speaking to the boys about things like that. So I think the culture is starting to get a little bit better, but it's still nowhere near where it needs to be.

David

The work we did there are some differences that you can pick up with the sports in the early stages that it was all reactive, so that meant we were waiting until people developed a mental health problem or a mental health issue or a mental disorder, and then we were

being brought in to help them with those difficulties. In more recent years, that work has become much more proactive or preventative so it involves resilience training. As well as mental Health Awareness education, involves improving people's general understanding of picking up signs and symptoms of mental health problems, at an earlier stage in oneself and others, helps to help them.

While this is commendable there is an issue with the utilisation of third-party services potentially not being qualified. For example, more than one participant who worked in football highlighted the organisation Sporting Chance regularly being utilised to provide ex-players who had suffered with mental health issues to *"share their story"* and provide some contextual or relatable content for youth athletes to engage with. The psychiatrist that was interviewed highlighted that the organisation they work for has a body of clinically trained staff who will deliver workshops on education and awareness of signs and symptoms of mental health issues, as well as being utilised for interventions and treatment for athletes suffering with a common mental disorder. Comparing the two, it would be reasonable to argue that the utilisation of clinically trained staff delivering education and awareness of mental health and common mental disorders would be better delivered by a trained professional. While the contextual application may have its benefits of being able to provide some relatability for athletes, the issue here is that it is not underpinned with the appropriate clinical knowledge and understanding provided by a qualified professional. Therefore, the present study provides renewed support to the recommendation of embedding clinical psychological providers alongside sport psychological providers in elite sport environments to enhance mental health awareness and understanding and provide available intervention services for athletes (Breslin et al., 2018; Breslin, et al., 2017; Rice et al., 2020).

Organisations and NGBs

The data builds on the existing support provision in place in elite level sport and presented an associated theme of '*organisations and NGBs'*. This theme was discussed by participants with a

view to highlighting the issues of mental health provision being available or inconsistent depending on which sport, club, or organisation the practitioner was employed at. While it is expected some sports will have different approaches to cater for different demands, participants argued the disparity in approaches within-sport suggesting that current provision for mental health is largely 'ad hoc' and the limited focus on psychological provision in general is mostly directed towards enhancing performance rather than wellbeing, meaning the understanding and therefore the perceived importance of mental health awareness is not deemed as significant as it should be.

Stacey

I think what's really important is that you get the leaders in any kind of organisation to espouse the importance of it [mental health].

Laura

I think fundamentally, it's going have to be a collective effort. So, it can't be one thing, which is going to revolutionise and change the landscape, I think what it probably is more about is collectively on a broader scale, stakeholders working together to create psychologically informed environments. Where mental health is taken seriously and is given the same care and attention as physical health.

Amy

I think, within professional football, first off, the EPPP, at the moment, is what most clubs would adhere to for their psych support for player care and everything else, I think there's very limited focus on mental health. It's more around support regarding psychosocial challenges or psychological challenges. So when I worked in football, some of the players did actually raise specific mental health concerns, sorry, if we're looking at mental ill health, they did raise concerns. And we did have a couple of players that were referred.

Participants highlighted the problems across professional sports in the UK as they recognised through their experience the disparities of mental health provision. Like previous studies investigating psychological support provision (Champ, et al., 2020; Morris, et al., 2016) the present study's findings suggests an enhanced investment and consideration of mental health provision from relevant stakeholders and organisations in elite sport. Beyond this, the findings also advocate the calls of Feddersen and Halstead (2021) whereby NGBs are recommended to develop organisational closeness with other NGBs and share best practice to develop more effective mental health provision processes. In essence, the present study argues for an improved top-down process where organisations, stakeholders, practitioners, and athletes are all informed by consistent processes and structures implemented by the relevant NGB. An existing model of this is currently evident at the EIS, which provides effective mental health education, awareness, support, and treatment for a range of professional sports by collaborating with their relevant sporting NGB (EIS, 2018).

Professional Support Services (PSS) Remit & Training

One of the main concerns in relation to mental health provision for practitioners was their existing remit and the availability of relevant training and CPD to help them approach mental health in elite sport. Sport psychologists were unanimous in their perception of mental health provision and discussed how their remit and profession are simply not qualified to provide the treatment or interventions required for an athlete suffering from a common mental disorder (Moesch, et al., 2018). However, suggestions were made with a view to enhancing understanding and training within sport psychologists to better prepare them for this but to also help establish more effective referral pathways for athletes in need of clinical treatment.

Mary

I don't think we have a great enough awareness and understanding of mental health in sport to be actually delivering interventions with athletes, because the argument is they should all be underpinned by theory. Let's normalise that discussion around people struggling or people facing challenges. I don't think we should be saying, right, this is an intervention to improve your mental health, or this is an intervention to prevent mental ill health because I don't think we're there yet.

Peter

I think that the BPS route way is so unstructured, there's no requirement for you to do any kind of formal training in the area. I think that will definitely be beneficial to practitioners. I know BASES that their training route, where there is kind of mandatory workshops around mental health and counselling skills, but kind of two one-day workshops is that going to be enough? Ultimately, the aim of these qualifications is to become a sports and exercise psychologist, not a clinical psychologist. So it's kind of enough training to be competent to maybe assess and support low level subclinical things and then enough confidence and support to be able to understanding of how to refer a client to an appropriately trained practitioner, if that makes sense.

The findings indicate support for previous studies calling for improved context relevant training to better prepare practitioners (Champ, et al., 2020; Chandler, et al., 2016; Eubank, Nesti, and Cruickshank, 2014; Nesti, et al., 2012) for the rigours of professional sport and help them to adapt to the increasing need for mental health support. Furthermore, the study also indicates support for McDougall, Nesti, and Richardson's (2015) argument to enhance counselling-related practice for psychological practitioners in these environments to help identify these issues more effectively.

Beyond this there were two participants who raised the notion of context relevant practice for athletes. *David* outlines below the benefits of improving training pathways for practitioners to

allow them to develop more sporting contextual experience to establish trust and rapport with athletes suffering with a common mental disorder, thereby improving the perception of support providers as someone who has appropriate sporting and athletic knowledge alongside their expertise (Lubker, et al., 2008).

David

So within our practice, we've got a number of practitioners who work within the elite sport domain, it's definitely the case that if you have worked and performed yourself in those environments, you are able to relate to the concepts that are being discussed very, very deeply. So you get it straight away. That's not to say, good quality clinicians, who haven't had that experience can't reach that stage. But it takes a little bit more time in terms of building that empathy and that trust.

The argument provides support for Nesti et al.'s (2012) work whereby support providers are encouraged to broaden their practice and develop understanding of the underlying existential threats that may affect athletes whilst considering the cultural and social landscape in which they practice. This would suggest a greater need to enhance the existing pathway or practice of sport psychologists whereby they are able to provide effective support and thus potentially provide enhance referral systems.

Referral Systems

The associated theme of referral systems was discussed by all participants, with experiences of how these are established in sport following the same common trend. Practitioners working within elite sport often discussed the existing referral systems as inadequate or too reliant on their own ability to contact a relevant clinical professional. Numerous issues presented themselves in this area as participants had discussed the problems they had faced in referring athletes with depressive symptoms or a common mental disorder, identifying a lack of signposting, or indeed an 'official'

referral process. Practitioners often relied on the availability of a club doctor or even the athlete's GP to refer them, and in most cases sport psychologists discussed having to establish their own clinical practitioner contacts to develop more effective referral processes for the athletes they worked with and provide more immediate and effective referral access compared to simply 'passing the athlete on' to the club doctor or GP.

Steven

I've worked with a professional wheelchair tennis player before and if that athlete was to ever experience a mental health concern, then there's a very clear referral pathway and support resource available for that athlete. They would get access to a medical doctor, and then a clinical psychologist and possibly a therapist.

Michael

Two athletes, track and field athletes, and with both of those athletes, I refer them on to GPs, to then go and work with clinical psychologists, because in my opinion, we are not remotely qualified to do anything with mental health. That is very much what clinical psychologists are trained to do. So certainly, when there are people with mental health concerns, I've just referred them off to GPs.

Alan

I think now it's becoming more common for a sport psychologist and a clinical psychologist to collaborate. As opposed to a straight kind of referral. Which I think previously, people would have done that and thought 'shit this out of my remit. I better refer on' and then that might not be the best for the athlete or the individual.

The findings highlight a common issue reported by practitioners, primarily focusing on the absence of signposting and the availability of 'formalised in-house' referral processes which would improve the accessibility to a clinical support provider. Equally, practitioners indicated some praise

of the existing informal referral processes in place, indicating club doctors and GPs as the primary route for referrals. However, this positive highlighted a more glaring issue in that GPs or the club doctor were consequently able to diagnose and refer on, creating a potentially more convoluted system of referrals for psychological clinical issues in athletes. The recommendations of these findings strengthen the need for improved collaboration between sport and clinical psychologists, as well as embedding clinical practitioners into the multidisciplinary team within the professional sport environment (Lundqvist, 2020; Rice et al., 2020; Rotherham, Maynard, and Rogers, 2016). Furthermore, it was indicated by participants that a formalised national referral system would be a significantly positive step towards aiding and improving treatment and interventions for athletes with depressive symptoms and common mental disorders. This argument suggests this formalised system would enable more effective and efficient referral processes compared to the existing system, which relies heavily on club doctors, GPs or personal contacts established by the employed sport psychologist.

Multidisciplinary Staff

Finally, the associated theme of multidisciplinary staff was discussed by all participants with a view to integrating and developing a more harmonious, collaborative working culture within elite sport. The suggestions of participants indicate the need to develop this interdepartmental approach to foster improved mental health literacy and awareness, not just in athletes, but equally so in coaches, physiotherapists, strength and conditioning coaches, and other multidisciplinary support staff in professional sport (Chow, Bird, Gabana, Cooper, and Becker, 2021; Gavrilova, and Donohue, 2018; Sebbens, et al., 2016).

Ashley

I don't think you need sports psychologists to necessarily have to do absolutely everything, there just needs to be provision, there absolutely needs to be clinical psychologists, absolutely embedded in the system.

James

There needs to be more education of the staff about how well-being and development of the person impacts performance. The head of safeguarding came back and he was like, well-being's our job. And this was the thing that I was getting, I was like, it shouldn't be, it's everyone's job. Well-being is everyone's job. But that highlights the divide between performance and well being, you cannot separate the two.

Clare

I wouldn't want that [mental health provision] to be segmented away from any of the performance psychology or strength and conditioning kind of work that goes on, it would need to be presented in a way that it just has parity, it sits side by side with these other supports and interventions, because everything is at the end of the day is integrated, right? Yeah, you shouldn't be having it as a standalone.

The study presents novel findings in relation to embedding a robust approach to player care roles in elite level sport. Participants highlighted the issues associated with collaboration across departments in elite level sport, recognising that beyond the organisational requirement of a sport or clinical psychologist's role in elite sport (Champ et al., 2020; Chandler, et al., 2016), it would be difficult for these practitioners to be able to manage this alongside their other responsibilities. Considering this prospect, the study proposes a specific player care figure that is embedded with an organisational remit, meaning the designated player care role will have parity and consistency across varying organisations or clubs and help enhance awareness, education and understanding of mental health within these environments. Further exploration and investigation of this would be needed to develop and embed this specific role, but consideration of the findings of this study would argue that a designated player care role embedded into these environments would enable them to develop the multidisciplinary collaboration of physical and psychological wellbeing for

staff and players without necessarily affecting the roles and responsibilities of the existing multidisciplinary staff in these environments.

Strengths, Limitations, and Implications for Future Research

Strengths

Previous studies investigating professional support services in elite sport have outlined numerous factors relating to enhancing overall practice and development of sport psychologists. There has been a growing body of evidence in recent years focused on the experiences of practitioners in these environments, reflecting on processes, philosophy, and the development towards expertise in the field (Champ, et al., 2020; Champ Ronkainen, Littlewood, and Eubank, 2020). The present study builds on existing literature and provides novel findings towards the experiences of practitioners specifically towards enhancing support in mental health for professional athletes. There have been similar focuses in previous literature, as highlighted within the intro of this chapter, however, many of these studies are designed with either quantitative focuses to measure athlete perceptions of practice or are often reflective accounts of practitioners employing case-study approaches, and therefore has limited generalisability beyond these personal choices. The existing study develops beyond this by exploring the experiences of 18 professional support providers across a range of different sports and expertise, creating a more naturalistic generalisation of the findings which can help develop mental health approaches and practice. Furthermore, the participant sample is not strictly limited to existing sport psychologists in the field but also outlines a developing profession of clinical sport psychologists and sport psychiatrists that have both the clinical training to provide treatment and interventions of mental health issues, but also have the sporting contextual background to relate and develop rapport with professional athletes.

Another strength of the findings indicates consistencies in practice across sport and practitioners which further supports the need for effective psychological provision to be embedded

within elite sport. A profession which is still somewhat stigmatised by athletes and coaching staff, whereby it is indicated that "something must be wrong" to visit a sport psychologist, the study has indicated a steadily declining shift in these attitudes as existing support providers detailed their experiences and suggested the culture of elite sport is beginning to grow and accept embedded psychological provision alongside the rest of the multidisciplinary team. This indicates a growing positive approach to embedding sport psychology into elite first team or senior level sportspeople on a more consistent basis, suggesting that while stigma and negative attitudes are still prevalent in some cases, the study's findings provide a reassurance for positive change in reducing the stigma associated with mental health and common mental disorders in the future.

Limitations

The first limitation of the study is outlined within the participant sample. As discussed within the methodology the aim was to recruit a diverse sample of practitioners working in elite level sport in the UK. Whilst this was deemed to be successful, there is a disparity between the number of clinical psychologists and psychiatrists recruited compared to sport psychologists. This may create a potentially skewed view with regards to the recommendations of the study in that it is predominantly focused on the views of practitioners with a sport psychology background. Future studies should look to recruit a participant sample consisting of a more balanced mix of practitioners to explore the potential similarities and variances in participant experiences.

Second, the questions within the interviews were designed in a manner that allowed participants to develop conversations and reflect on their expertise and practice. However, due to the focus being on mental health in some cases participants did not have the necessary knowledge or expertise to be able to provide a response, and in these minor cases the questions were unanswered. However, it should also be noted that when this did occur in the interviews, participants discussed the issues with the absence of existing mental health support in the elite sport environments they worked in, therefore their responses to the questions, while not being able to

address the focus of the study, were an honest indication of the lack of mental health support in place in these chosen elite sport environments.

Implications for Future Research

The existing support provision directed towards mental health in elite sport is arguably inconsistent and is significantly dependent on individual organisation and club/team approaches to this area. It was raised by participants that the current state of professional support provision aimed at supporting wellbeing and mental health is unstable, with athletes lacking trust in the existing system. This lack of trust and the pre-existing stigma of mental health in elite level sport has facilitated a barrier towards help-seeking in elite sport. A caveat to this is that not all elite level athletes maintain this attitude and participants provided examples of a handful of athletes who had engaged in mental health support and treatment, willingly accepting the provision, and seeking further support and guidance from sport psychologists working in these environments. However, a notable point raised by most participants was that sport psychologists are not trained in dealing with mental health issues, and therefore they are limited in some capacity in being able to manage athletes with a common mental disorder. Equally, participants recommended the need for a greater presence of clinical practitioners in elite level sport, or at least available from a consultancy basis whereby sport psychologists working in professional sport have the immediate availability of a clear and distinct referral pathway whereby athletes suffering with a common mental disorder can engage with an appropriate mental health provision without being immediately referred to a third-party organisation. Study three provides implications for future researchers to explore the triangulation of practice with regards to a collaborative strategy of sport psychologist and clinical psychologist practitioners being able to manage and treat common mental disorders more efficiently. There is currently a limited number of evidence in this area, with few studies investigating this level of support (Hill, et al., 2016; Rotherham, Maynard, and Rogers, 2016) and how this may enhance the approach to mental health practice in elite sport. Furthermore, there is

scope to examine the emerging development of a designated player care role in elite level sport. The player care role as it stands is somewhat inconsistent and the industry definitions surrounding this role are arguably facilitating this imbalance in approaches. For example, of the participants in the present study only two outlined an existing player care role in their current professional environment, and of these two both roles were suggested to have completely differed in their remits, despite being designated in the same role. Further research in this area is required to define the player care role, investigate the effectiveness of such a role in elite sport, engage a more proactive approach to mental health literacy, and develop a more robust understanding of how this may benefit the multidisciplinary approach of practitioners in elite level sport to help reduce the stigma of mental health.

Conclusion

The aim of study three was to explore the experiences of support service providers in elite level sport and gauge attitudes towards help-seeking in elite athletes. Furthermore, the study aimed to assess the current mental health provision and strategies in place and provide recommendations for the enhancement of mental health provision and referral systems in elite level sport in the UK. Previous studies investigating the implementation of mental health strategies in elite level sport have argued for the development of mental health literacy and improved referral systems over the last 5-6 years. The final study of this thesis adds support to these arguments but provides novel findings in relation to the existing stigma of mental health and the willingness to seek help in elite level sport. Subsequently, the final study of the thesis provides recommendations for the development of holistic player care in professional sport by enhancing both sport psychology and clinical practice to address psychological wellbeing and mental health in elite athletes. To this researcher's knowledge, the final study's novel recommendations of developing a dedicated player care role that can operate across the multidisciplinary team and develop a more holistic, collaborative approach for athletes' physical and psychological needs are amongst the first to

highlight this issue. The limited literature that does exist in this area however has provided recommendations for the enhancement of elite player care in professional sport (Cronin, Knowles, and Enright, 2020), thus providing further support for the development of this role. Based on participant reflections and recommendations a designated player care role implemented by National Governing Bodies, so that all teams, clubs, and organisations maintain parity in receiving effective and holistic support, signposting, and mental health education is needed in elite sport settings.

Further to the first recommendation of the third study, in line with few other researchers, the present research also provides renewed support for the implementation of a triangulation approach to mental health provision for both athletes in elite level sport. This requires the collaborative approach of both sport and clinical psychologists whereby support and treatment are much more readily available within the elite environment for athletes. This removes the potential issue of a poorly accessible referral system where elite athletes are at risk of their mental health debilitating due to a convoluted system of third-party counsellors or specialists. Similarly, this also removes any potential issues associated with sport psychologists having to refer athletes without defined referral processes and relying solely on pre-existing personal contacts to facilitate intervention and treatment.

Overall, the final study of this thesis has outlined four key areas of focus. Firstly, mental health and common mental disorders are still stigmatised in elite level sport, which causes significant barriers to help-seeking in athletes who are suffering with a mental health issue. Secondly, pre-retirement plans and developing broader identities in elite athletes is fundamental to preventing the risk of developing a common mental disorder during severe or long-term injuries and retirement from sport. Furthermore, it is recommended that ‘Aftercare’ programs are developed to provide further psychological support for athletes beyond the exit from professional sport, i.e., de-selection and retirement. Thirdly, the introduction of a designated player care role, implemented by national governing bodies in elite sport would provide parity for developing clear strategies of

mental health literacy, signposting and multidisciplinary, holistic support within elite sport environments. Finally, the triangulation of sport and clinical psychology practitioners is key to developing more effective referral systems whereby elite athletes will have enhanced support, intervention, and treatment from the available professional support service within their sport.

Chapter 6: General Discussion

Summary

The topic of mental health in professional sport has garnered significant interest over the last decade. Much of this research has aimed towards highlighting the issue of the prevalence of common mental disorders in elite level athletes. Regrettably, this research has seen increasing levels of athletes suffering with a common mental disorder both during their careers, and subsequently into and post-retirement from elite level sport. However, a common gap which has been revealed throughout this thesis is that many researchers are focusing on the prevalence of mental health issues, with a small but growing number of researchers investigating the factors associated with athletes developing a common mental disorder within their sporting careers, and/or post-retirement in the last few years. Academics now commonly agree that more exploration and investigation beyond the prevalence of mental health issues in male and female athletes, and current and retired athletes should be considered and developed to enhance practical applications towards treating and preventing these issues more proactively (Gouttebarge, et al., 2020; Gouttebarge, et al., 2019; Tahtinen and Kristjánsdóttir, 2019; Tahtinen, Shelley and Morris, 2021). Considerable improvements in awareness and understanding have already been made in professional sport as researchers have found a significant body of evidence to suggest that elite level athletes are more at risk of experiencing mental health issues, or developing a common mental disorder compared to general populations (Kuettel, Pedersen, and Larsen, 2021; Poucher, et al., 2021; Reardon, et al., 2021). As awareness of mental health issues has grown, both in academia, and in the general population, the discourse around the issue has begun to shift. However, there still lies a persistent obstacle to athletes wishing to seek help within these elite environments. Despite the best efforts of researchers, practitioners, and current/retired athletes to raise awareness and understanding of mental health, the stigma of this topic is still prevalent within the culture of elite level sport.

As mentioned, common mental disorders in elite sport as a topic has seen a surge of investigations over the last decade, and there is a significant body of research established on the

prevalence of mental health issues in elite athletes. Despite this, there are still several gaps established by numerous literature reviews that have been carried out in recent years, and this thesis aimed to explore these gaps. The first study aimed to clarify these potential gaps by exploring the experiences of retired professional athletes. Several findings were outlined and indicated support for previous literary findings, mainly in the significant mental health effects retirement from sport and suffering from a long-term injury can have. However, there were also numerous novel findings that indicated underlying issues with athletes developing a common mental disorder, both while playing and post-retirement. These findings related to avoidance in help-seeking, the prevalence of mental health stigma in the culture of elite sport, identity crises associated with elite sport, and an insufficient understanding and awareness of mental health and mental health support provision. The second study aimed to theorise these findings with a larger participant sample and found several significant findings that established correlations between injuries and coping–injuries–transitions, mental health and transitions, and identity and transitions–coping. Furthermore significant results were found for Identity x Sport ($F(3, 98)=3.16$, $p<.03$), with the main difference coming between Olympic/Paralympic sports and Football. The findings added further validity to the results of study one and indicated further implications that existing stigma in elite sports has had on attitudes towards help-seeking. Study three developed because of study one and two and explored the experiences of a sample of professional support service providers working in elite level sport. These findings outlined and supported several gaps that had appeared in existing literature with themes defined as *Athlete Mental Health Literacy*, *Athlete Mental Health Issues*, *and Existing Mental Health Provision*. These themes included numerous subcomponents relating to stigma, elite sport culture, attitudes towards help-seeking, organisational changes, and referral networks. These findings propose recommendations towards enhancing practical applications of support providers and improving the attitudes towards mental health in elite sport.

A core theme of this thesis has been to tackle the prevalence of mental health stigma by exploring the experiences of both professional and retired athletes, as well as existing professional support provision providers. Within this the thesis provides novel findings of the underlying susceptibility of athletes experiencing mental health issues in professional sport while also providing practical applications to improve practice and develop processes and strategies to improving awareness, understanding, education and support in this area. Therefore, the concluding chapter of this thesis will build on the existing discourse of elite athlete mental health literature alongside the empirical findings of the three studies to establish applications for practitioners, awareness of interventions and prevention within elite sport cultures, limitations of this research, and implications for future research.

Contributions to the Advancement of the Field

Applications for Practitioners

Psychological support provision in professional sport has been well established over the last 30 years with researchers reflecting and developing new approaches and embedding these into support within elite level sport (Freeman, Rees, and Hardy, 2009; Petitpas, Giges, and Danish, 1999). While the focus of this area has primarily been on improving sport psychology provision to enabling improvements in elite athlete performance (Champ, Ronkainen, Tod, Eubank, and Littlewood, 2020; Cotterill, 2012; Hemmings, 2011; Rowley, Earle, and Gilbourne, 2012), the findings of this thesis indicated a significant gap in the contribution of work focusing specifically on mental health provision in elite level sport. There have been numerous calls to improve this area so that mental health in elite level sport can be better understood but also so that the practice of mental health support provision can also be improved (Gouttebarge, et al., 2020; Henriksen, et al., 2020; Moesch, et al., 2018; Reardon, et al., 2019; Rice et al., 2020). This argument has developed due to the rising concern of athlete mental health prevalence and indicates that a more proactive approach to mental health practice is needed. This is an argument that was echoed by the

participants of study three who all agreed that the existing support provision for mental health in elite sport is undervalued. Based on these findings and the calls from existing research, the thesis has outlined several applications for practitioners to develop early intervention strategies to enhance awareness and understanding in staff and players, thereby improving mental health literacy (Sebbens, et al., 2016), and reducing stigma (Breslin, et al., 2018; Breslin, et al., 2021; Rice, et al., 2020).

Elite Player Care and Wellbeing

The role of player care in elite-level sport is arguably a debatable remit and is not something that is particularly consistent across professional sport. For instance, participants in study one alluded to the role of player care, but this was regarded as something that was not often present, and when it was, particularly in football, at the time of their careers it was something of an ambiguous role designed to help alleviate daily stresses for the players, akin to a concierge service. This was echoed in the findings of study three to an extent where there was some discussion amongst practitioners about what they had personally encountered in relation to player care in the sports they had worked in. For example, the role of a 'player care officer' (as it was termed by the participants in study three) was found to be common in both football and rugby. These roles seemed to vary significantly, not just across sports, but also across the clubs the practitioners had worked in. They had found that the roles themselves varied greatly dependant on the remit posed by the club they worked for.

What was of particular interest, however, was that two of the participants from study three had discussed the impact the role of player care had in terms of enhancing mental health literacy and reducing the stigma of mental health within these environments. This seemed in stark contrast to other reports from participants whereby it was indicated the player care role was mainly focused on assisting athletes with various menial daily tasks to help reduce 'distractions' in training and competition. This indicated a noteworthy topic to explore, and upon investigation of this area it was

found that there was very little literature undertaken examining the role of player care in elite sport settings. What little sources were available were not entirely contextually relevant to this research topic and focused mainly on musculoskeletal injuries and the subsequent required recovery/rehabilitation program. However, one source did indicate that player care is integral to developing effective psychological care in the professional sport environment, suggesting this should not just be one individual's focus or remit in elite sport cultures, and instead should be a multidisciplinary focus (Cronin, Knowles, and Enright, 2020). Building on the findings of study three and considering the issues raised in the two previous studies of this thesis, some practical applications were developed based on how this role could help reduce the stigma of mental health in elite sport as well as improve literacy of this topic in both staff and athletes.

The recommendations provided by Champ et al. (2020) and Chandler, et al. (2016) indicate a much-needed collaborative process across departments in elite level sport, suggesting the need to embed organisational practices across multidisciplinary staff. In the context of mental health this is arguably quite difficult. It is outlined from study three that psychological practitioners working in elite level sport are already tasked with numerous performance-based focuses to enhance the chances of competitive success (Cotterill, 2012; Hemmings, 2011; Rowley, Earle, and Gilbourne, 2012) and while this is underpinned with well-being in mind (Roberts, Faull, and Tod, 2016) participants in study three indicated it would be difficult to include a focus on mental health literacy for both staff and players alongside their other existing remit. Therefore, the role of player care in elite sport could become the crux of mental health literacy and awareness within elite sport cultures. It is proposed that the existing role of player care in elite sport is inconsistent, and this requires a more robust definition to what the role can provide. Therefore, based on the findings of this thesis a working definition for elite player care can be provided as, *'Developing and managing psychological and physical well-being in relation to enhancing athletic performance and awareness of managing self through a holistic multidisciplinary approach'.* The definition highlights to the

interdepartmental responsibility it may take on and offer the opportunity for both staff and athletes to enhance awareness of the required support by creating a core role in the culture that will be able to signpost to support and enhance literacy of mental health in these environments as well as direct any athletes or staff to the appropriate psychological support service (sport/clinical) for any mental health related queries. Furthermore, the player care role can act as a bridge for athletes facing retirement or who have already transitioned into retirement and may still have available contact with support services through this role. Further detail on this is provided below (See Athlete Aftercare Program sub-heading).

These recommendations are still very much in their infancy but as a result of this thesis these recommendations are already being put into practice. For instance, the research provided in this thesis has led to one of the world's first known professional qualifications in this area, *the certificate in elite player care and wellbeing*. The course has already commenced delivery of its first cohort and is focused on five core modules; Introducing and Defining Player Care, Introduction to Mental Health in Sport, Critical Moments in Sports Careers, Youth Players and Safeguarding, and Leadership, Change and Development. The thesis has underpinned and created two of the five modules, as well as informing components of the other three. The course was designed in collaboration with two other colleagues at UCFB and is aimed at being delivered to retired professional athletes still working in elite sport and wish to develop their professional practice, as well as existing support staff from elite sport. The course is delivered in partnership with Premier Sports Network (PSN).

The first cohort includes five ex-professional athletes from rugby and football, and a range of other cohort members representing the Premier League, Rugby League Cares, and other support staff from professional football club first teams and staff of category one football academies. Overall, the aim of the course is to enhance player care in elite level sport by enhancing awareness and understanding of a range of psychological and physical demands in elite level sport with the

aim of developing existing staff, and potentially redefining the role of elite player care in professional sport. The course is delivered over six months and cohort members are required to attend two-day taught sessions every two months. The first two days of the course have already been delivered in February 2022, with the next two days set to be delivered in April 2022, and the final two days to be delivered in July 2022. The course also requires students to complete a portfolio based on independent activities across the six-month course, provided through the online hub they have access to. Reflecting on the first two days of the delivery I believe the modules were well-received by the cohort. Feedback from the students indicated positive engagement in the content as well as encouraging comments on the expertise and delivery provided by staff.

Beyond this, the course has already been approved for a second domestic delivery due to significant interest and early positive feedback of the first two days of delivery. The course has also garnered significant international interest and the course is now due to be delivered internationally to representative staff of American sport (E.g., NFL, NBA, MLB, MLS, and NHL) in the US in May 2022, and also in Australia in November 2022. The international delivery of these courses are condensed, intensive three-day deliveries where the modules delivered are; Introduction to Player Care, Mental health in Sport, and Critical Moments in Sport. The international delivery has been organised to expand the potential impact of the player care role, as well as improving elite player care processes and strategies.

Further to the professional certificate, an elite player care and wellbeing MSc program has also been designed and received approval to commence delivery at UCFB Manchester and London campuses in September 2022. The aim is to deliver enhanced versions of the modules from the professional certificate and enable the future of player care to be integrated across a range of multidisciplinary staff whereby mental health literacy and awareness is embedded into practice. Ultimately, the thesis proposes that a dedicated elite player care role would facilitate more receptive attitudes towards help-seeking in athletes, but also reduce the stigma associated with mental health

in elite sport cultures (Chow, et al., 2021; Gavrilova and Donohue, 2018), potentially improving a more proactive approach to mental health interventions and treatment provided by psychological support providers (Kuettel and Larsen, 2020; Sebbens, et al., 2016).

Finally, because of this work myself and my colleagues have also received confirmation from Routledge to write a core text on elite player care and well-being, with chapters focused on the modules indicated above but also developing the understanding and awareness of a range of psychological and cultural issues that can be enhanced through effective player care. Upon writing, this text has already received approval from Routledge and is currently in the peer-review process, with the book scheduled to be published in 2023.

Clinical and Sport Psychology Triangulation

The thesis has built across athlete and practitioner experiences, and a common theme that has presented itself throughout the course of this research is the availability of clinical psychological support within professional sport environments, or, as the findings of study three argue, the triangulation of clinical and sport psychologists in the intervention and treatment of athlete mental health issues. The triangulation factor of this recommendation refers to the collaborative effort of the *athlete – clinical psychologist – sport psychologist* to enhance mental health literacy and create a more effective strategy to proactive mental health interventions, as well as treatment for common mental disorders. An argument which has received renewed interest because of the COVID–19 pandemic are the recommendations of enhancing the availability of clinical psychological support for professional athletes (Lambert, Schuetz, Rice, Purcell, et al., 2022; Reardon, Bindra, Blauwet, Budgett, et al., 2020; Souter, Tonge and Culvin, 2021). These arguments have reasonably been posited due to athletes experiencing an increase in depressive symptoms and common mental disorders since the restrictions and limitations that were placed on competitive professional sport for a prolonged period during the earlier stages of the pandemic (Lambert, et al., 2022; Reardon, et al., 2020).

However, the calls for the integration and collaboration of clinical and sport psychologists within professional sport have received some interest in the last few years, with researchers arguing the need to enhance the accessibility and availability of clinical psychological support within elite sport (Åkesdotter, Kenttä, Eloranta, and Franck, 2020; Jensen, et al., 2018; Kuettal, Pedersen, and Larsen, 2021; Nixdorf, Beckmann, and Nixdorf, 2020) to help enhance mental health literacy in both athletes and staff, but more importantly to develop greater levels of accessibility to appropriate psychological support services that are able to provide appropriate interventions and treatments for common mental disorders and depressive symptoms in athletes.

The thesis builds on these proposals by recommending a development in the levels of support provision available within elite sport environments and building on previous calls for the collaboration of both clinical and sport psychologists in elite sport settings (Gorczynski, et al., 2021; Hill, et al., 2016). The recommendation provides a much more influential and substantial contribution to developing mental health literacy in elite athletes and coaching staff within professional sport. Furthermore, this partnership would allow immediate access to specialised clinical care for elite level athletes suffering with a common mental disorder. As mentioned in study three, many of the referral systems are convoluted and create problems for athletes wishing to engage in support services, and in some cases deterring athletes from seeking help due to a lack of trust in the clinical support provider. While this presents a potential obstacle in the availability of support, the triangulation of clinical and sport psychology within elite sport environments would remove the ambiguity around a lack of trust, or relationship for those athletes wishing to access this support. Furthermore, whilst this may not always be the case (as mentioned in study three), it is worth noting that the accessibility of clinical psychological support in the environment, or indeed outside of the environment, presents a much more accessible support service if the clinical support provider is able to work both alongside the sport psychologist to provide clinical support, as well also being externally available for athletes wishing to access this support outside of their immediate

environments by gaining immediate referral through the sport psychologist. Building on Nesti, et al.'s (2012) conclusions, the thesis provides a recommendation to embed both the clinical and sport psychology support provision into elite sport environments to enable a more holistic development of the individual on both a personal and athletic level, thereby enhancing a greater humanistic approach where wellbeing informs performance, and performance informs wellbeing within elite sport cultures.

These recommendations support the arguments made by Champ et al., (2020) whereby improving the organisational and cultural practice of the sport psychologist is likely to improve their role embedded in these environments. The same must also be said in the case of clinical psychological support as this would likely enable a greater level of appreciation and improved literacy of mental health through greater accessibility to a clinical support provider. This would help develop improved sign posting in the environment, develop greater mental health literacy in both staff and players, and create a culture that would provide effective mental health support for individuals in elite sport settings through much more effective and accessible means. Furthermore, by embedding a clinical psychologist into these environments and developing the above, it is reasonable to assume the enhancement of literacy, understanding, and knowledge of mental health in elite sport, and that this will help improve positive attitudes and behaviours towards mental health in these environments (Clement, Schauman, Graham, Maggioni, et al., 2015; Rüsch, Evans-Lacko, Henderson, Flach, et al., 2011). This, thereby, may enhance the likelihood of athletes seeking help in relation to their mental health and when dealing with common mental disorders (Breslin, et al., 2019).

Referral Systems

One significant finding of the thesis was revealed in study three where a sample of existing support provision providers were interviewed on their experiences of mental health provision. The study indicated several recommendations but arguably one of the most interesting of these was

suggested to be the development and enhancement of existing referral systems. Something which has been established within general populations is the need for greater or improved accessibility to clinical support and treatment of common mental disorders (Lamers, et al., 2015). The thesis has found similar findings in the populations of professional athletes that there is a growing need for accessibility to clinical support providers through effective referrals. An area which has seen further developed interest since the COVID-19 pandemic where researchers have identified growing issues in athletes facing common mental disorders and depressive symptoms during times where they were unable to compete in their sport. Researchers have argued enhancements in the availability of mental health support for athletes, with the need to develop more robust referral processes, and enhance the accessibility of clinical psychological support in professional sport forming the core of these arguments (Lambert, et al., 2022; Reardon, et al., 2020; Souter, Tonge and Culvin, 2021).

Referral systems that are currently in place have been suggested by participants in this thesis to be convoluted and potentially triggering for the athletes facing a common mental disorder. It was indicated by a few participants in study three that in some cases athletes had refused referral to clinicians based on a lack of trust, and the limited availability through the existing referral system. This could be attributed to athletes' TRA, whereby their negative perceptions of these services have unconsciously or consciously influenced their decision to engage or not engage in these services (Clement, et al., 2015; Rüsch, et al., 2011). Other participants in this study had found athletes more willing to engage with support services outside of their environments and were therefore more likely to engage with treatment for their issues through the existing system. An argument which again can be attributed to the athletes' beliefs being positively influenced by positive experiences and a more developed literacy of the likely benefits of engaging in these services, thereby improving attitudes towards help seeking (Clement, et al., 2015; Papadopoulos, Vlouhou and Terzoglou, 2008; Yzer and Gilasevitch, 2019). Despite this, all participants agreed that the existing referral systems in place across many of their sports were improperly established to handle the care

of the participant in an efficient manner or indicated that organisations they were employed in were overly dependent on sport psychologists to establish their own network of clinical psychologists or psychiatrists to have direct referrals to.

Existing literature surrounding this topic has been somewhat sparce, however, it has seen a growing number of studies begin to investigate and establish more developed programs of referral for mental health issues in athletes. For instance, the review of the Australian Institute of Sport's nationwide referral network (Rice et al., 2020) has indicated strong support from existing support providers, staff, and athletes whereby it could be argued that the more efficient availability of referrals for mental health issues can have the positive effect of enhancing athlete willingness to seek help, improve signposting, awareness and reduce the stigma of mental health across a range of sports. Furthermore, the findings established by Rice et al. (2020) has garnered further support for existing reviews of similar processes in other countries and governing bodies, mainly the International Olympic Committee (IOC) (Reardon, et al., 2019), and the International Society of Sport Psychology (ISSP) (Henriksen, et al., 2020; Schinke, et al., 2018). The thesis provides further support for the establishment of a dedicated nationwide referral network in the UK across sport. To date, the closest element of this in practice is currently delivered by the EIS, but there is no current evidence or reviews of this that have indicated similar predicted successes compared to its Australian counterpart.

However, the thesis provides renewed support for the implantation of a dedicated nationwide referral network of clinical practitioners and based on existing evidence this would provide a much greater level of accessibility of mental health provision for athletes as well as other professional sport staff (E.g., coaches/managers). Beyond this, it could also be argued that the findings of the thesis has indicated the referral network would also aid the transition out of sport as the accessibility to clinical support providers becomes more efficient, thus more effective – not just in treatment – but also prevention of mental health issues through enhancing awareness and literacy

of mental health (Breslin, et al., 2019). Embedding this referral network into existing environments creates an opportunity for athletes and retiring athletes to access effective mental health support, not just whilst playing but also through retirement into effective aftercare programs (Lundqvist, 2020). This network of accessible referral to clinical support would create a more proactive approach to common mental disorder treatment as the existing support provision (I.e., sport psychologists) would be provided with a dedicated referral network whereby the athlete is able to access immediate support and treatment from a trained and qualified professional, compared to sport psychologists having to provide ad-hoc mental health support under the remote supervision of a clinical psychologist in its current form due to the lack of available clinical support providers in these environments (Rotherham, Maynard and Rogers, 2016; Souter, Tonge and Culvin, 2021). Therefore, the implementation of a nationwide referral network through collaboration of organisations and national governing bodies would present a greater accessibility of clinical support providers beyond the current limited practice that is available in professional sport in the UK.

Multidisciplinary Practice

A recommendation which has developed from the findings is the education and development of practice of multidisciplinary teams within professional sport environments. This was briefly alluded to within study one where participants indicated establishing a relationship with a physiotherapist during times of recuperation or injury rehabilitation meant this member of staff was the most likely individual in this environment they would disclose any mental health related issues with. Beyond this, study two indicated current and retired athletes would be less likely to seek help for a mental health related issue within their environments. When this finding was explored further in study three it was revealed that this would most likely be due to the culture of professional sport, and the existing attitude and stigmatisation of mental health (Bauman, 2016; Merz et al., 2020). This has indicated that the stigma towards mental health in elite sport has previously fostered attitudes that may cause reluctance in developing mental health literacy and avoidance in help-

seeking behaviours (Gulliver, Griffiths and Christensen, 2012; LeBrun, et al., 2019). Previous research has shown that enhancing mental health literacy is likely to improve attitudes towards help-seeking (Breslin, et al., 2019; Clement, et al., 2015; Yzer and Gilasevitch, 2019), and developing programs to help facilitate the education of mental health and mental health services for both current and retired professional athletes will help embed positive understanding of the benefits associated with managing one's mental health, but also the available support should athletes require the intervention of a professional support service (Papadopoulos, Vlouhou and Terzoglou, 2008). However, as indicated in study three this perception towards mental health has seen significant improvements in recent years, and experiences of psychological practitioners in these environments have indicated a growing willingness to engage in mental health awareness and education. While this may be the case, the thesis indicates that this is still a prevalent issue within the culture of elite level sport, and barriers towards help-seeking are still prevalent in both staff and athletes within these environments (Breslin, et al., 2019).

The recommendations provided within this thesis have indicated a growing need to enhance mental health literacy within elite sport cultures. This is not just aimed at existing elite level athletes across a variety of sports, but also aims to improve education and awareness of common mental disorders and depressive symptomology for the broad range of multidisciplinary staff found in elite sport environments (Prinz, Dvorák and Junge, 2016). As indicated in study one, athletes demonstrated a willingness to confide in physiotherapists, an argument corroborated in study three where it was suggested this was the case due to establishing a trusting relationship, whereby physiotherapists are familiar with seeing athletes at their most vulnerable during times of rehabilitation and recovery. However, a common issue found across all three studies was athlete's lack of willingness to seek help for a mental health issue within their sporting environments. Study three confirmed that this was likely the case due to the lack of mental health literacy in both players and staff (Breslin, et al., 2019; Clement, et al., 2015; Papadopoulos, Vlouhou and Terzoglou, 2008;

Yzer and Gilasevitch, 2019). The thesis recommends an improved structure of mental health related awareness and education training for the wider multidisciplinary team within elite sport environments to help shift attitudes and beliefs towards help-seeking and create a more positive perception of this topic within these environments (Breslin, et al., 2019; Clement, et al., 2015). This improved mental health literacy would likely facilitate a growing appreciation for the broader range of mental health issues and symptomology whereby staff are able to recognise signs and symptoms more proactively. Thus, staff can refer or signpost athletes to the appropriate member of staff much earlier, potentially preventing a more serious condition developing (Chow, et al., 2021; Gavrilova, and Donohue, 2018; Sebbens, et al., 2016).

It should be noted that these recommendations are not indicating that multidisciplinary staff should be trained to a clinical level whereby they are able to intervene and/or treat mental health issues. Instead, these recommendations are provided with the view to enhancing the available training and professional development of the multidisciplinary staff in elite sport, creating a more holistic mental health environment that fosters improved attitudes towards help-seeking, thereby reducing the stigmatisation of mental health in elite level sport (Jensen, et al., 2018; Junge and Prinz, 2019). This recommendation could also be informed by the improved player care role that is mentioned above, potentially alleviating some of the organisational requirements of existing sport psychology provision (Champ et al., 2020; Chandler, et al., 2016), therefore allowing more time to focus on the psychological needs of the players and staff within these environments. This would afford greater flexibility to manage mental health more effectively in line with the requirements and rigors of competitive performance.

Athlete Aftercare Program

It has been suggested that the process of retirement from sport is a multifaceted and difficult process for many athletes to process and the phenomena of retiring from sport can have a significantly negative impact on an athlete's mental health (Fernandez, Stephan and Fouquereau,

2006; Park, Lavallee and Tod, 2013; Stambulova, et al,, 2009). This issue has often centred around issues with identity (Cosh, Crabb and LeCouteur, 2013; Cosh, Crabb and Tully, 2015) and the lack of planning for retirement from athletes (Barth, et al., 2021; Carapinheira, et al., 2018). The argument for dedicated pre-retirement plans has garnered significant support within academic literature. There has been considerable evidence to suggest that a pre-retirement plan would aid athlete transitions into retirement, and thus, would reduce the likelihood of developing a common mental disorder upon retirement from elite level sport (Lally, 2007; McArdle, Moore and Lyons, 2014; Park, Tod and Lavallee, 2012; Stambulova, Stephan and Jäphag, 2007; Torregrosa, et al., 2015).

This thesis provides further support of these findings as the participant athletes of the first two studies indicated a growing support for the concept of a 'pre-retirement plan'. Study one of the thesis in particular provided renewed support for these previous literary findings as participants recommended a pre-retirement plan would likely facilitate broader interests in developing athletes, thus developing broader identities. This recommendation provides an argument to suggest that athletes with broader identities are indeed more likely to transition out of sport more successfully (Carless and Douglas, 2012, 2013a, 2013b). However, the findings of study two surrounding athletes' avoidance in help-seeking behaviours was further explored within study three, and several participants within the final study of this thesis outlined the benefits associated with pre-retirement planning, but were more concerned with the recommendation of a dedicated aftercare program for retired athletes.

The notion of a dedicated aftercare program is a concept that has received little to no direct focus, and therefore limited support has been established. However, the novel findings of study three have indicated that there currently exists a disparity in the level of psychological support provided to athletes upon retirement. As one participant of study three indicated:

Support needs to continue beyond when the player's transition out. The issue is you can't. [Confidential] won't justify paying me to go and work with somebody who isn't on their books. There has to be specific job roles included for players who are in those positions. There needs to be a recognition that this is an important part, our responsibility to these people just because they're not athletes anymore, doesn't mean they're worthless to us. And also, we need to consider the conditions under which they would [go through] the transition, usually it's a forced transition.

This was a notion that was echoed by the participants in study three and indicates the disparity athletes experience in psychological support from competing to retirement. Some national governing bodies and other sporting organisations implement hotline services and counselling through these services (as indicated in chapter 1), however, the thesis outlined that the existing provision for athletes facing depressive symptoms or other common mental disorders it is down to the athlete to seek this out and locate appropriate services beyond retirement. One significant finding of this thesis was the recommendation of a dedicated aftercare program which practitioners can facilitate within their existing remit. One such program in elite level academy football has been developed by Crystal Palace FC (CPFC, 2022). However, it is unclear at this stage if there is any psychological or clinical services available within this program that offers support for athletes experiencing depressive symptoms or common mental disorders who have faced deselection. This would suggest that athletes in the UK who have faced deselection have no access to a dedicated aftercare program that provides psychological support services to manage their mental health.

To date there is little evidence to suggest that senior level athletes who have retired from sport after a career are able to access psychological support services that they themselves have not sourced and contacted. Participants in study one indicated they were able to access psychological support through counselling and therapy from a psychiatrist or clinical psychologist. However, it was discussed that this was a reactive decision based on their deteriorating mental health and the

support which they were able to access was based on recommendations or referrals from either their peers or family members. Applied implications of this thesis would suggest that there is a need for a dedicated aftercare program from sporting organisations (Lundqvist, 2020) that offers retiring athletes the opportunity for psychological support services, not simply whilst transitioning out of the sport, but for some period beyond retirement when they are more likely to develop a common mental disorder (Sanders and Stevinson, 2017).

This is not to say that this would be necessary for every single athlete exiting their sport, however, this thesis and existing literature highlights the growing concern of athletes suffering with a common mental disorder after they have exited from their sport, indicating that the loss of their sport is causing a significantly negative effect on their mental health (Gouttebarge et al., 2015; Gouttebarge et al., 2016; Gouttebarge et al., 2017). Without access to dedicated psychological support services, they are left to their own devices to source and fund this themselves. A notion which, certainly for the highly successful elite level athletes who have established lucrative contracts and sponsorships would have no qualms with funding, but the mid-low level elite level athletes (E.g., athletes who established careers in League 1 and League 2 of the English football pyramid and are less financially secure) would have significantly more difficulty funding this support, limiting their access to this service.

This is an issue which would be mediated should there be greater access to dedicated aftercare programs which clubs and organisations are able to establish for their athletes. It is this author's recommendation however that this level of support should be outlined and implemented from the sporting national governing bodies in the UK (E.g., PFA, RFU, ECB, LTA, etc.) which would allow athletes to access psychological support services through the system they are familiar with and would have previously had access to prior to retirement. The PFA for example provide a hotline service and possible referral (depending on severity and availability of access to the clinical services) to Sporting Chance for clinical psychological issues for retired players, but this is a limited

service and the available support indicated by participants in study one and two would suggest this is somewhat undervalued by the organisation itself. The implementation of a dedicated aftercare program from national governing body level would indicate a potential opportunity for consistency across clubs and organisations to provide available professional clinical psychological support services for athletes post-retirement.

Limitations

Despite the several practical applications emerging from this work, some limitations of the thesis should be mentioned. As highlighted in the background chapter, as many researchers had focused on prevalence of mental health issues in elite sport, this work has focused on experiences of mental health in the context of professional sport. However, the main limitation of this work suggests the lack of a clinical psychological focus, i.e., measuring psychological well-being and/or depressive symptoms in athletes. To that end, this thesis perhaps lacks a more clinical approach with regards to focusing specifically on depressive symptoms within the mental illness continuum and does not use the measures often employed by many other researchers to assess athlete mental health. Nevertheless, these studies reveal some interesting and novel findings, and it should be mentioned that while the work perhaps lacks a more clinical focus in relation to measuring the athlete participant samples of study one and two prior to the studies taking place, the findings offer some important knowledge of the experiences of current professional athletes in elite sport environments, and retired athletes coming to terms with life outside of sport. This particular focus is part of a growing trend of researchers in recent years focusing more on the experiential understanding of mental health in elite level sport, compared to the often-focused topics of mental health prevalence and systematic reviews of elite athlete mental health.

Further to the point regarding participant samples, it is highlighted in the preceding chapters that there is a noticeable disparity in the recruitment of male and female athletes for study one and study two. Many other scholarly sources have addressed this disparity in previous literary findings,

and while some effort was made to try and recruit a larger female participant sample for study two to counterbalance the absence of females in study one, the sample itself was still preferential towards a male population sample of current and retired elite athletes. However, the work itself still provides some insights into female athlete populations, albeit with a smaller participant sample of females than was sought. While this may be a limitation of the thesis, it provides some support for the growing number of requests from researchers indicating a need to focus more on elite female athletes' mental health experiences.

There are also some concerns regarding the methodological approach of study two. The questionnaire used within the study was analysed and was found to have internal validity for all but one of the key measures (This is highlighted in chapter five: study three). However, a limitation beyond this was the questionnaire itself was purpose designed for the study, and subsequently means it perhaps lacks the same level of validity that a more robust measure would have provided. It should be noted, however, that it was not the study's intent to measure depressive symptoms or common mental disorders, but instead was aimed at measuring experiences of mental health across a wider participant sample. Therefore, though the questionnaire used may suffer in its methodological rigour compared to other validated measures of mental health in elite sport, the questionnaire is purposely designed to focus on these experiences. This limitation focuses on the clinical psychological aspects of this research in relation to diagnosable mental health issues but does not detract from the overall novel findings of the study, which is aimed towards the sporting and personal experiences of the athletes, not the clinical aspects of these experiences.

Implications for Future Research

The thesis has outlined several practical applications based on the findings of the empirical studies. This was one of the main aims of this thesis, and beyond the practical applications are numerous implications for further academic research to be conducted. Outlined below are some of

the implications that future researchers may wish to consider in exploration of the topic of mental health in elite sport.

Firstly, as outlined above, the player care role is still very much in its infancy. And while this is an area which is in the process of developing. There is need to explore the existing provision of player care in relation to both psychological and physical wellbeing of both athletes and staff in elite sport cultures. The existing literature on this topic is sparse, and therefore the initial implications of this research would be to review and develop this topic area for future researchers. As indicated above, the professional and academic courses are set for delivery in 2022, and beyond this the applied implications of this area would benefit from enhanced academic understanding of how this could be embedded into a variety of professional sports. This would build on previous literary suggestions whereby researchers have proposed the need for enhancing mental health literacy and mental health practice in elite sport settings (Brady, 2021; Drawer and Fuller, 2002; Moesch, et al., 2018). Further implications of this would suggest a review of the player care educational delivery which has commenced in 2022, therefore it would be reasonable to assume that for the courses to consistently grow and enhance, a reflexive approach (Sparkes and Smith, 2014) should be adopted whereby they are assessed and redeveloped to enhance this support provision for future player care roles and existing staff in elite sport as well as athletes who have retired from sport.

The findings of study two and study three provided a potential relationship occurring between the athlete and support service provider. The notions of ‘Trust’ and ‘Rapport’ were alluded to in study one but reinforced in study two and three where both athletes and practitioners indicated a common understanding that athletes within elite sport cultures are less likely to seek help for a mental health related issue, compared to a performance related issue (Ong, McGregor, and Daley, 2018). Based on these findings it is recommended that future researchers should look to investigate the relationships established between practitioners and athletes in elite sport cultures to determine

how future practice can be enhanced. Champ et al. (2020) discusses the need for practitioners to have more context relevant training in their development to better prepare them for the rigors and culture of elite level sport. This was a notion participants within this thesis emphasised further as athletes' reluctance to seek-help could be tied to the contextual appreciation of their sport. In other words, athletes were noted by participants in study three to be less likely to seek help if they felt the practitioner had little knowledge of their sport or were unable to appreciate or sympathise with the athlete on equal grounding. This was established through trust on both the athlete and practitioner's part, but also through building a rapport or camaraderie with the athlete too. Future studies could build on the findings presented here and investigate how these relationships could be enhanced to better suit the needs of the elite sport cultures (Chandler, et al., 2016; McDougall, Nesti, and Richardson, 2015). Furthermore, the thesis presents researchers with an area to explore regarding athletes' willingness to seek help within professional sport as this may not be solely tied to previous arguments suggesting reluctance in help-seeking behaviours are related to masculinity or avoiding appearing weak/vulnerable (Foskett and Longstaff, 2018; Oliffe, et al., 2010; Oliver, et al, 2005; Sinden, 2010).

As stated in the limitations there is a much greater need to focus on the mental health of elite female athletes. Many previous studies have focused on eating disorders in female athletes (Perry et al., 2021) and the findings of the thesis have shown some indication of the experiences of mental health issues in female athletes in study two. However, this is a small sample compared to the male participants of the study, and there is a much-needed focus on developing understanding and awareness of elite female athlete mental health. This particular topic should move beyond focusing on eating disorders, and establish elite female athlete experiences of mental health in professional sport, and examine the concerns with the growing prevalence of common mental disorders in elite female athletes, an issue which has demonstrated that this population are more likely to experience common mental disorders compared to their male counterparts (Appaneal, et al., 2009; Junge and

Feddermann-Demont, 2016; Junge and Prinz, 2019; Tahtinen, Kristjánsdóttir, and Morris, 2020). Researchers could also look to investigate female athletes' willingness to seek help for common mental disorders to establish the differences in attitudes and cultures of female professional athletes compared to males.

As outlined in the background chapter there is still a considerable number of researchers focusing on the prevalence of mental health issues in elite athletes. Whilst this has provided the cornerstone of awareness and understanding of the issue in elite sport, there is still little qualitative understanding of the mental health experiences of current and retired professional athletes. The research presented in this thesis offer novel findings of mental health experiences in current and retired professional athletes, with antecedents affecting mental health outlined across all three studies. However, further research is needed in this area to establish enhanced mental health support provision and develop practical applications for support and interventions for future psychological support providers in elite level sport.

Based upon the recommendations of all three studies it has been suggested that mental health issues can originate in youth sport settings (Schnell, et al., 2014; Wilkinson, 2021) with the trauma of these issues being carried into adulthood and senior professional sport (Gervis and Dunn, 2004), thus common mental disorders could be present and carried beyond the exit from professional sport (Gouttebarge et al., 2017; Sanders and Stevinson, 2017). Therefore, based on the support from previous literary sources and the findings of the thesis it is recommended that future researchers should look to investigate the mental health literacy and available support services at each respective stage of elite athletes' journey. This is to say that research would benefit from a specific focus on mental health at youth stages, senior level professional sport, and retirement/post-retirement from sport. This would include examining the potential development of effective aftercare programs and measuring their effectiveness in enhancing mental health literacy and improving treatment. And similar to the findings of Breslin et al., (2018, 2021) research should look

to develop and evaluate effective support and intervention strategies at youth levels and senior level sport to improve mental health literacy and facilitate enhanced attitudes towards help-seeking in elite level sport.

Finally, as identified in the background chapter of the thesis, Kuettal and Larsen (2020) proposed a definition for future researchers to develop their understanding of mental health in elite level sport. The definition provided a focus for this thesis where the rationale was maintained on exploring mental health and common mental disorders in current and retired athletes to understand how best to support these athletes both within their professional sporting lives, and their personal lives. The definition was proposed as follows, '*Mental health is a dynamic state of well-being in which athletes can realize their potential, see a purpose and meaning in sport and life, experience trusting personal relationships, cope with common life stressors and the specific stressors in elite sport, and are able to act autonomously according to their values'.*

This thesis aimed to develop understanding and explore the mental health experiences of both retired and current professional sportspeople to elucidate factors associated with athletes developing common mental disorders. It is well established that the prevalence of mental health issues in elite sport is of significant concern. The thesis builds on these previous literary findings to develop the aims, with the hope that the practical applications and recommendations provided within this body of work ultimately help to reduce the stigma associated with mental health in elite sport thereby facilitating athletes to seek help and be proactive in managing their mental health through these improved attitudes.

Epilogue: A Personal Reflection of the Research

In many ways mental health is often a very tricky subject, and even though there have been such significant improvements in our understanding and awareness as a society, there are still many more steps to take. Already since commencing this research I have seen significantly positive changes in attitudes towards mental health in the world around us. A world that can often feel very small, almost suffocatingly so. A world that can also be so vast we find it difficult to see where we fit into it all. My hope for this research is that it may help to broaden our understanding of mental health and hopefully reduced the stigma that still plagues the perception of this area. To that end, I have done my best to try and reflect and build on this topic of work to explore and delve into the world of professional sport and what we can do to help athletes. Having engaged with professional athletes from many different backgrounds and practitioners over the time conducting the research I have found myself lucky to be able to listen to their stories and not only that, but for them to trust me with them in the first place has been humbling.

As I previously stated, I have found myself reflecting on this journey a lot. Conducting a PhD part-time whilst also being employed as a full-time lecturer in higher education, not to mention dealing with life and all that it can throw out you (My partner and I were very pleased to welcome our first child into the world in 2020; a world that was facing a global pandemic and the many repercussions that would follow over the coming months to reduce the risks of spreading the virus further). Reflecting on this journey has provided clarity, not just for the research and how this has become a major component of my professional life, but also in my personal life. I have heard stories and experiences from athletes and practitioners alike of individuals suffering with severe clinical issues, others at the milder end of the scale also, but certainly no less important. But this influenced me in a way that I had not predicted when I first commenced my journey to completing a PhD. Having completed the empirical research I began to analyse each respective study's data, reading and re-reading these stories and the findings of what I had previously detached myself from as the

researcher and completing the write-up I found myself contemplating my own mental health as I began to consider these results. For a time as I was beginning the write-up of the findings, I could feel myself becoming more withdrawn, I found I had become a lot quieter as I spent an increasing amount of time wandering around my own thoughts. For a period, this felt completely natural. I've spoken to many academics who have described the pressures, the anxieties and general low moods that can accompany completing a thesis, and so for a while I felt I was simply beginning to fall into this state, as completing such a body of work can be isolating and based on others' stories it felt I was achieving some form of badge of honour, a sort of, 'everyone goes through this, it just seems like now it's my turn'. I thought about what the athletes I had spoken to had gone through, some had been on the very precipice of taking their own lives, and I contemplated what that meant. How could someone fall so far? How could someone find themselves in such a state of despair, with no light at the end of the tunnel they were seriously contemplating cutting short the only life they would have? Some were surrounded by people they adored and loved dearly, so was I. Some were under immense pressures in their field, so was I. Some felt isolated and alone despite their family and friends, so did I.

I realised very quickly, largely thanks to the research I was conducting in the topic, that the general understanding of mental health issues in a wider sense is severely lacking. I had been guilty myself of suppressing emotions, feelings, and experiences I had dealt with throughout my life. This was a very sudden thought, and I remember the moment vividly. My heart immediately began thumping against my chest, my breathing became shallow, and I suddenly began to cry. I was on my own, in my living room. I lurched forward on the sofa and put my head in my hands, filled with a sudden sense of dread. It past almost as quickly as it had started. I wiped the tears from my face and took some deep breaths, sitting back into the sofa and staring at the ceiling. I sat there and wondered where that had come from. What followed was a number of days (I am unsure how many exactly) of reflecting on certain things that seemed to stick out in my memory. It had felt like a

switch was suddenly thrown in my brain and I had realised that this sense of isolation and anxiety I had felt for a long time suddenly had a definition. Memories that I'd barely even gave a passing thought to now stuck out after listening to these incredible stories from my participants. I realised after listening to all these stories, I had failed to look at my own thoughts and feelings for a long time and I had been dealing with anxiety near enough my whole life. These memories stuck out like flags in my mind. Each one that I had managed to repress unconsciously now began to come to the furore and reflecting on these moments from my life, I could see them vividly flashing across my mind where I remember the same quickening of the heart and shallow breathing I had felt days before. Feeling dread at moments that should have been joyous and thinking about all the times I should have expressed how I felt but I didn't. Or more accurately, I couldn't. It had all built up over many, many years. I had never received any counselling or even had I ever thought to. I genuinely think if I had not conducted this PhD I dread to think what that would have resulted in years to come had this continued to build unchecked.

What followed was a few months of introspective reflection on many times I had felt anxiety fill me up. I discussed these thoughts openly with my partner, one or two close friends, and my parents. My partner listened with a sympathetic ear and even began discussing things she herself had never mentioned to me before. It was cathartic for both of us, I think. I felt a sense of relief and a weight lifted simply talking about these things I'd never even considered to talk about before. My partner encouraged me to speak more – she rightly pointed out it was hypocritical of me to be conducting a PhD on a topic of mental health and not to discuss my own when it needed to be discussed. Of course, she was absolutely right. I discussed it further my with dad who has suffered with his mental health considerably over the years and formed part of the inspiration for me conducting this work. Again, I found it to be a relief, as if it was something I'd always wanted to discuss but never quite realised it was there.

On a slightly different note, I have always been active, but during the first 3-4 years doing the PhD I had suffered a number of long-term injuries. I won't list them here, two of them were bad to say the least. But to my count over that 3-4 year period I was unable to exercise for a total of sixteen months due to these injuries. If I was to factor in the time it also took to recover to the point I could exercise pain free then this number rises to just over two years. I imagine this time would have been shorter but after undergoing an ACL reconstruction my scheduled physiotherapy was cancelled due to COVID and I was left to developing my own rehabilitation schedule. This is the longest extended period of non-exercise I have ever had, and once I returned to that exercise I suddenly found myself much happier, much more energetic and much less stressed on a day-to-day basis. Even my own personal life seemed to be mirroring what I was investigating within my research. I found common themes and areas that were arising in the participants I had spoken to. I am certainly not a professional athlete, but I most certainly put a lot of myself into activity and sport – it forms a strong core of my identity, and this was the longest period of my life where my identity was facing some sort of crises. Coupled with the building stress and anxiety over this time, ultimately, considering the stories I had heard and reflecting on my own personal well-being provided a much-needed sense of clarity. This has allowed me to be much more mindful and conscious of my own thoughts and feelings, and over the months since that epiphanous moment I am recognising the signs of my anxiety and managing these much more effectively. To that end I feel that whilst this was a difficult journey, both personally and professionally, it has taught me much about myself. Through seeing the parallels of the stories athletes had discussed with me in my own life I have gained a much needed sense of ease about how my mind works and what it needs to feel more at ease. Ultimately, this PhD has potentially brought to light something which I may never have found within myself. There is still much to work on to that point, and I am still in the early stages of dealing with these issues, but I feel that this process has provided clarity to something I wish I could have found many, many years ago. So, while this has been challenging, I

have enjoyed that adversity and it has brought me joy in many other ways I would had never have envisioned at the start.

I wanted to end this thesis with a reflection on this journey and to also pay thanks to those participants who not only contributed their time and their experiences for the purposes of this work, but also provided the necessary foundations for me to reflect on my own mental health in a considerate manner for the first time in my life. I better understand myself as result and in many ways have drawn on those recommendations of the participants with broadening myself, managing my anxiety, but also, most importantly, to talk and be open. Not just with others, but also myself. There is still a way to go with that process, but I do believe the clarity this research has provided me certainly has, in a way, saved me.

As I said at the start of this section, our general tolerance and understanding of mental health issues as a society is somewhat left to be desired, but I do believe that the more we talk, the more we engage in positive ways of dealing with our day-to-day stresses and anxieties, the more tolerant and accepting this society will become. To be honest and open with oneself can be a difficult step, but if this research has taught me anything over the years, then it is that discussing our thoughts, feelings, and emotions is a significant step in the right direction to helping reduce the stigma associated with our mental health. This then begins to open much more meaningful approaches to managing our well-being, developing more rigorous interventions for the individualistic differences of mental health issues. All of which is informed by relevant and robust research to underpin improvements in literacy, support, and treatment. I would like to end simply by saying that some of the bravest people I have had the pleasure of speaking to during this research have also been some of the most vulnerable. There is considerable strength in that vulnerability. A strength which I believe over time will help end the stigma of mental health issues.

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Appendices

Appendix A – Study One Participant Information Sheet.

Title of Project: Mental health issues in professional sport: An investigation into the antecedents affecting psychological well-being and depression in retired professional athletes.

Name of Researcher and School/Faculty: Thomas Buck, School of Sport & Exercise Sciences.

You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not.

Inclusion Criteria: The below criterion will outline the issues to be discussed, and you must, as a potential participant self-report the below issues prior to the study taking place.

1. You must have a history of a career within professional sport and identify as an 'elite athlete'. To qualify for this you must have competed at the highest elite level within your respective sport for a sustained period of time (i.e. over 300 career appearances in the Premier League, or competed at an Olympic/World Championship event, have competed at an international level for your country, won a major trophy in your respective sport, etc.).
2. You must also have identified yourself with one or more of the following issues; a history of mental health issues, maladaptive coping mechanisms (e.g. alcohol abuse, drug addiction, sex addiction, etc.), have been diagnosed to be on the depression scale (i.e. mild-clinical depression), or have suffered from poor psychological well-being (i.e. low self-esteem, low confidence, anxiety, and/or severe stress for a sustained period of time).

1. What is the purpose of the study?

The purpose of the study is to reveal and examine the potential contributing factors to mental health issues, maladaptive coping mechanisms, low psychological well-being, and depression. The study will look to examine these areas in the context of professional sport in an effort to reduce the stigma involved with mental health issues and improve clarity surrounding the subject.

2. Do I have to take part?

No. It is <u>not</u> mandatory to take part in the study and your participation is entirely voluntary. You will be asked to sign a consent form once you have read through the participant information sheet to confirm your participation in the study. You may withdraw at any point without reason. Any decision to withdraw from the study will not affect your rights or any future treatment/service you may receive.

3. What will happen to me if I take part?

You will be asked to participate in a one-to-one interview to discuss your life experiences within sport and outside of sport, as well as exploring the experiences of mental health issues, depression, maladaptive coping mechanisms and poor psychological well-being. The interview process is detailed below.

- Your participation is required for the length of the interview and will be completed once this has ended. This will take between 1-2 hours.
- The interviews are developed in a manner that will ask you to discuss your life experiences within professional sport, as well as your day-to-day life. The questions will also explore your

experiences of mental health issues, maladaptive coping mechanisms, depression and psychological well-being.
- Your participation in the study is only required during the interview process, and will end upon the completion of your interview.

Interviews can either be conducted on LJMU premises or at your own residence to better suit your needs. Due to the sensitive nature of the topics being discussed, and to maintain confidentiality it is advised that public places (e.g. restaurants, coffee shops, cafes, etc.) be avoided.

4. Are there any risks / benefits involved?

The line of questioning in the interviews will be focused on potentially sensitive issues, and will look to probe around areas of mental health and maladaptive coping mechanisms.

You are within your right to withdraw at any time. Details of mental health charity: Mind, are provided should you wish to discuss any further issues or seek support on topics raised within the process of the study. The charity itself offers opportunities to get in touch with counsellors and trained professionals to deal with various mental health issues.

MIND Charity

Website: www.mind.org.uk

Phone: 0300 123 3393 Text: 86463

Benefits of the study may potentially include some alleviation of anxiety/stress as a result of discussing mental health issues. It should be noted that the questioning is not designed as a counselling or therapy process/exercise, therefore potential benefits are varied and circumstantial to the individual. The data provided by you, the participant, for this study could potentially help to develop and enhance the understanding surrounding mental health in professional sport.

5. Will my taking part in the study be kept confidential?

Yes. Your participation in the study will be entirely confidential and any personal details will be securely stored via a password protected hard-drive. During/after the study any use of your name/personal details will be kept confidential by use of a pseudonym. Due to the details being provided I can not guarantee that you will being indirectly identifiable from the transcripts, however, any potentially revealing details will be coded throughout the transcribed data (codes and pseudonyms will be used to alter any names, events, persons, details, etc. you may discuss) by the researcher in order to protect confidentiality and minimise any risk to being indirectly identifiable.

This study has received ethical approval from LJMU's Research Ethics Committee *(REC reference number: 17/SPS/036. Date of approval: 15/08/17).*

Contact Details of Researcher t.a.buck@2016.ljmu.ac.uk **Contact Details of Academic Supervisor** r.morris@ljmu.ac.uk

If you any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact researchethics@ljmu.ac.uk and your communication will be re-directed to an independent person as appropriate. Note: A copy of the participant information sheet should be retained by you (the participant), with a copy of the signed consent form also.

Appendix B – Study One Interview Guide.

Interview Question Guide

Sport/life balance

1. Could you please detail your sporting career progression, highlights, key moments, etc. starting from the beginning with how you became interested in the sport, to your eventual retirement?
2. How do you feel your personal life has progressed during this time? Do you feel it has benefitted since retiring?
3. How do you feel the transitions affected you (if at all) in your sport? i.e. going from youth to senior football, and going into retirement?
4. How do you feel you handled the balance between your personal and sporting life? Was there anything you felt caused conflict between the two?

Mental Health Experiences

5. Can you please describe your experiences of mental health issues and what you feel was the main contributor?
6. When did you first become aware of any form of mental health issues?
7. How do you feel you coped with the stresses of your sport and also with your mental health/well-being? *(Positive/adaptive can include openly discussing these with friends/family, seeking professional support, finding activities away from professional sport. Negative/maladaptive can include; drugs, alcohol or other substance abuse, sex and/or gambling addictions).*
8. If negative, why do you think you may have coped in this way?
9. What was your perception and knowledge of mental health during your career?

Support Networks/Provision

10. What was your support network like? Did you seek support initially within your club/sport or family and friends? If so/if not, why?
11. Was there any form of psychological support to help you cope or recognise that you may have had mental health issues?
12. Do you feel there was much support in place for mental health issues during your career?

Mental Health Stigma

13. What are your thoughts/feelings surrounding the stigma of mental health in sport? Why do you believe there is a stigma attached to this within sport especially?
14. Since retiring what is your perception of mental health and how has your knowledge increased of this?
15. In your opinion, what needs to be done to improve the area of mental health in your sport and the sport in general?

Appendix C – Study One Consent Form Template.

Title of Project: Mental health issues in professional sport: An investigation into the antecedents affecting psychological well-being and depression in retired professional athletes.

Name of Researcher and School/Faculty: Thomas Buck, School of Sport & Exercise Sciences.

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights. ☐
3. I understand that any personal information collected during the study will be anonymised and remain confidential ☐
4. I agree to take part in the above study ☐
5. I understand that the interview will be audio recorded and I am happy to proceed ☐
6. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised. ☐

Name of Participant: **Date** **Signature**

Name of Researcher: Thomas Buck **Date** **Signature** 

Note: When completed 1 copy for participant and 1 copy for researcher.

Appendix D – Study Two Participant Information Sheet.

Title of Project: Investigating the relationship between Long-Term Injuries, Identity, Transitions, and Coping mechanisms and their effects on the mental health of retired professional athletes

Name of Researcher and School/Faculty: Thomas Buck, School of Sport & Exercise Sciences.

You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not.

Inclusion Criteria: The below criterion will outline the required criterion to participate in the study. Participants are required to self-identify if they are suitable to participate or not.

3. You must have a history of a career within professional sport and identify as an 'elite athlete'. To qualify for this, you must have competed at the highest elite level within your respective sport for a sustained period of time. For example; come through a development system and competed at a senior level, or competed professionally for 5 or more years.

6. What is the purpose of the study?

The purpose of the study is to investigate the relationships between mental health, transitions, identity, long-term injuries, and coping mechanisms. The study will look to examine these areas in the context of professional sport in an effort to reduce the stigma involved with mental health issues and improve clarity surrounding the subject.

7. Do I have to take part?

No. It is <u>not</u> mandatory to take part in the study and your participation is entirely voluntary. By completing the questionnaire, you are providing your consent to participate. You may withdraw at any point before completion and submission of the questionnaire. Any decision to withdraw from the study will not affect your rights or any future treatment/service you may receive.

Due to the anonymous nature of the questionnaire, once you have submitted the questionnaire your responses will not be able to be distinguished from the rest of the data, and therefore we will be unable to withdraw your responses. Therefore, by completing the questionnaire you understand that you can no longer withdraw your responses.

8. What will happen to me if I take part?

You will be asked to complete a questionnaire online. The questionnaire focuses on the following topics: mental health issues, depression, coping mechanisms, identity, long-term injuries, and transitions. The questionnaire process is detailed below.

- Your participation is required until the completion of the questionnaire. This should take no longer than 10 minutes of your time.
- The questionnaire is developed in a manner that will ask you to answer questions relating to your life experiences within professional sport, as well as your day-to-day life. The questions focus on these as related to the following issues: mental health issues, depression, coping mechanisms, identity, long-term injuries, and transitions

- Your participation in the study is only required until the completion of the questionnaire, and will end once the questionnaire is submitted.

9. Are there any risks / benefits involved?

The line of questioning will be focused on potentially sensitive issues, and will look to probe around areas of mental health.

You are within your right to withdraw at any time. Details of mental health charity: Mind, are provided should you wish to discuss any further issues or seek support on topics raised within the process of the study. The charity itself offers opportunities to get in touch with counsellors and trained professionals to deal with various mental health issues.

MIND Charity

Website: www.mind.org.uk

Phone: 0300 123 3393

Text: 86463

It should be noted that the questions are not designed as a counselling or therapy process/exercise, therefore potential benefits are varied and circumstantial to the individual. The data provided by you, the participant, for this study could potentially help to develop and enhance the understanding surrounding mental health in professional sport.

10. Will my taking part in the study be kept confidential?

Yes. Your participation in the study will be entirely confidential and any personal details will be securely stored onsite at Liverpool John Moores University. The questionnaire only requires your age, gender and sporting profession, therefore there is no risk of you being identified from your responses.

This study has received ethical approval from LJMU's Research Ethics Committee *(Ref 18/SPS/045 – Approved 14/09/2018).*

Contact Details of Researcher t.a.buck@2016.ljmu.ac.uk

Contact Details of Academic Supervisor r.morris@ljmu.ac.uk

If you any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact researchethics@ljmu.ac.uk and your communication will be re-directed to an independent person as appropriate.

Note: A copy of the participant information sheet should be retained by you (the participant), with a copy of the signed consent form also.

Appendix E – Study Two Questionnaire.

Study Two Questionnaire

I have read the information sheet provided and I am happy to participate. I understand that by completing and returning this questionnaire I am consenting to be part of this research study and for my data to be used as described in the information sheet provided.

The questionnaire is split into both statements and questions, all of which will relate to your experiences in sport. The statements will be based on a scale of 1-5, please respond to the statements as to how much/little you agree/disagree with the questions. (1) Strongly Disagree, (2) Disagree, (3) Neither Agree or Disagree, (4) Agree, and (5) Strongly Agree.

Some questions are based on a simple Agree/Disagree format.

Please select one of the options.

Gender: Male [ ] Female [ ]

Please identify if you are a current or retired professional athlete. Current [ ] Retired [ ]

Please detail which sport you participated in (Example: Athletics, Football, Cricket, Rugby, etc): _____

Please provide details of the highest level you competed at

(Example: International appearances, Olympics, Premier League, World Cup): _____

Mental Health

At some point in your career did you suffer with some form of mental health issue, For Example: Severe stress, anxiety, depression, loss of identity, prolonged low mood states, etc.: Agree/Disagree

On a scale of 1-5, how much do you agree/disagree with the following statements.

1. During your career you ever felt that you were unable to voice concerns regarding your psychological well-being? 1 2 3 4 5
2. Dealing with a mental health issue can negatively affect your career progression. 1 2 3 4 5
3. Informing a fellow athlete or member of staff (coach, manager, physio, etc.) about your mental health issues would be viewed as a weakness: 1 2 3 4 5
4. You would be fearful of informing someone within professional sport that you had/have a mental health issue: 1 2 3 4 5
5. It would be difficult to talk to a friend/relative about your mental health? 1 2 3 4 5
6. There is someone available at all times to offer professional support for psychological well-being in your sport? 1 2 3 4 5
7. You would know exactly who and how to contact this person should you require psychological support within your sport? 1 2 3 4 5
8. Mental health within professional sports is viewed with a negative stigma? 1 2 3 4 5
9. Professional sports can do more to improve the professional services available to those with mental health issues. 1 2 3 4 5

10. Professional sport needs to improve education and awareness surrounding mental health issues. 1 2 3 4 5

Injuries

On a scale of 1-5, how much do you agree/disagree with the following statements.

1. During the injury you felt like an outsider: 1 2 3 4 5
2. A long-term injury can contribute to suffering with mental health issues: 1 2 3 4 5
3. You suffered with coming to terms with who you were whilst away from the sport: 1 2 3 4 5
4. Suffering from a long-term injury contributed to your retirement from professional sport: 1 2 3 4 5
5. Lack of professional psychological support during your injury directly influenced your psychological well-being: 1 2 3 4 5
6. During your injury you received regular emotional and psychological support from a member of staff, e.g., the manager, coach, physio, etc.: 1 2 3 4 5
7. You still felt a part of the team despite being injured: 1 2 3 4 5
8. You found it difficult to cope with the stress of being injured: 1 2 3 4 5
9. In your opinion, offering professional psychological support to athletes suffering with long-term injuries could reduce the risk of suffering with a mental health issue: 1 2 3 4 5
10. Dealing with a long-term injury can be compared to dealing with a bereavement: 1 2 3 4 5
11. You would only ever look to seek psychological support services outside of your sport if you suffered with a mental health issue whilst injured: 1 2 3 4 5

Identity

On a scale of 1-5, how much do you agree/disagree with the following statements.

1. Identifying solely as a 'professional athlete' can lead to mental health issues: 1 2 3 4 5
2. Having a broad range of interests outside of professional sport can improve psychological well-being: 1 2 3 4 5
3. Retiring from professional sport can negatively affect a professional athlete's identity: 1 2 3 4 5
4. Suffering from a long-term injury can negatively affect a professional athlete's identity: 1 2 3 4 5
5. Planning for retirement from professional sport in advance could reduce the risk of suffering with a loss of identity once retired: 1 2 3 4 5
6. A loss of identity can lead directly to suffering with some form of mental health issue: 1 2 3 4 5
7. Improving education and support services of mental health in professional sport would reduce the risk of athletes suffering with identity loss: 1 2 3 4 5
8. Young athletes need to be educated on the risks of mental health issues associated with identity in professional sport: 1 2 3 4 5

Transitions

On a scale of 1-5, how much do you agree/disagree with the following statements.

1. Transitioning from youth-to-senior professional sport negatively affected my psychological well-being (Example, caused prolonged stress, anxiety): 1 2 3 4 5
2. There was not enough psychological support in place to help prepare you for the transition in to senior professional sport: 1 2 3 4 5
3. There needs to be improved support services in place in order to psychologically prepare athletes for senior professional sport: 1 2 3 4 5
4. Having a plan in place for retirement would have aided your transition out of sport: 1 2 3 4 5
5. Retiring from sport severely affected your mental health: 1 2 3 4 5
6. Young athletes need to be educated on preparing for retirement from professional sport in order to reduce the risk of mental health issues: 1 2 3 4 5
7. There is currently not enough professional support available to retired athletes suffering with mental health issues: 1 2 3 4 5
8. Ending your career was comparable to dealing with bereavement: 1 2 3 4 5
9. Your identity as a person was negatively affected by your retirement from sport: 1 2 3 4 5
10. You would only feel comfortable seeking professional support for mental health issues once retired from professional sport: 1 2 3 4 5

Coping

On a scale of 1-5, how much do you agree/disagree with the following statements.

1. Receiving professional support would help me cope with the stresses or professional sport: 1 2 3 4 5
2. A lack of positive coping strategies in sport could lead to a mental health issue, or poor psychological well-being: 1 2 3 4 5
3. Youth athletes being taught positive coping strategies could prevent mental health issues in senior sports: 1 2 3 4 5
4. Negative coping strategies are more likely to occur when dealing with an injury: 1 2 3 4 5
5. Negative coping strategies are more likely to occur when dealing with a transition, Example; retirement: 1 2 3 4 5
6. Negative coping strategies are more likely to occur when dealing with a loss of identity: 1 2 3 4 5
7. It would be difficult to know the difference between positive and negative coping when dealing with a mental health issue: 1 2 3 4 5
8. Improving education and awareness of mental health issues in professional sport would help reduce the risk of negative coping strategies in professional sport: 1 2 3 4 5

You have now completed the questionnaire. Thank you for your participation during the study. Your participation is very much appreciated. Should you wish to know any more details or information regarding the study's purpose, please do not hesitate to contact the lead researcher: Thomas Buck at t.a.buck@2016.ljmu.ac.uk

Appendix F – Study Three Participant Information Sheet.

LIVERPOOL JOHN MOORES UNIVERSITY

Participant Information Sheet for Professional Support Service Provider/Practitioner

LJMU's Research Ethics Committee Approval Reference:

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Assessing the current processes of support, education and understanding of mental health issues within professional sports environments from both the perspective of the current support services available and the athlete.

You are being invited to take part in a study. Before you decide it is important for you to understand why the study us being done and what participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

1. **Who will conduct the study?**

Study Team

Principal Investigator: Thomas Buck, PhD Student. Email: t.a.buck@2016.ljmu.ac.uk

Co-investigator: Dr Robert Morris, Co-Director of Studies. Email: robert.morris@stir.ac.uk OR Dr Martin Eubank, Co-Director of Studies. Email: M.R.Eubank@ljmu.ac.uk

School/Faculty within LJMU: School of Sport and Exercise Sciences

2. **What is the purpose of the study?**

After previous studies conducted by the current research team it is our aim to enhance understanding surrounding the past, current and future developments of the understanding, education and support of mental health issues within a professional sporting environment. We hope to form a clear picture of the current climate of support within elite sporting environments from within club, as well as at National Governing Body level. We hope to be able to reveal current areas of development and points to enhance based on the views and experiences of both sets of participants; practitioner and athlete.

3. **Why have I been invited to participate?**

You have been invited because of your expertise, experience and knowledge surrounding support within professional sporting environments, which suggests that you are either responsible for supporting athletes in a treatment process for well-being and/or mental health issues, are responsible for providing education and awareness to athletes of what issues are likely to arise within pro sport and have experience of developing understanding in athletes of mental health issues.

The exclusion / inclusion criteria are: You must be a qualified practitioner either within psychiatry or psychology (sport and/or clinical) to participate.

Have experience of working directly within a professional sporting environment, i.e. directly in clubs as an employee, or within a national governing body that is employed to deliver a process implemented to all clubs within that sport, e.g. English Institute of Sport, The FA, The PFA, RFU, etc.

You were identified as a participant due to your expertise within your chosen field and your experience of working within professional sport. You were chosen in o hope that you would share your experience, expertise and knowledge with regards to discussing mental health and the current climate of mental health issues and well-being within pro sport, what education and understanding is currently delivered, and what support (if any) is available.

4. **Do I have to take part?**
   No. It is up to you to decide whether or not to take part. There is no requirement to participate if you decide that you do not wish to. If you do decide to take part you will be given this information sheet to keep **and be asked to sign a consent form**. You can withdraw at any time by informing the investigators without giving a reason and without it affecting your rights.
5. **What will happen to me if I take part?**
   We will talk you through the study procedures and give you the chance to ask any questions.

   - *You will be asked to take part in an interview. You are only required to do this on one occasion and it will last between 30-60 Minutes.*
   - *The interview will take place in a location of your choosing, and the lead researcher (Thomas) will meet you at a time suitable to your schedule. If you are unable to meet and would prefer to conduct the interview via Skype, or FaceTime, then this is acceptable and arrangements can be made to suit this request. Consent to the study will be audio recorded separately to the interview taking place. The interview can last up to 60 minutes, but may be less dependant on responses.*
   - *The lead investigator will conduct the interviews, and any further questions you may have surrounding the research may be directed to either Thomas Buck, or his director of studies; Dr Robert Morris or Dr Martin Eubank, via the emails provided above.*
6. **Will I be recorded and how will the recorded media be used?**

   You are free to decline to be audio recorded. You should be comfortable with the recording process and you are free to stop the recording at any time.

   The audio recording is essential to your participation but you should be comfortable with the recording process and you are free to stop the recording at any time.

   The audio recordings of your activities made during this study will be used only for analysis. No other use will be made of them without your written permission.

   Interviews will be audio recorded on a password protected audio recording device and as soon as possible the recording will be transferred to secure storage and deleted from the recording device.
7. **What should I consider?**
   If you are currently participating in any other research studies, you are free to participate in the current research.

Due to the specific process of recruitment, you have been recruited purposively for the research, and therefore there is no specific exclusion criteria to taking part.

8. **Are there any possible disadvantages or risks from taking part?**

The interview questions do discuss topics surrounding well-being and mental health issues. These questions will not be directly focused to your own mental health or well-being but these may cause some discomfort or upset. The risks of this will be minimised and you will be made aware of the question topics prior to taking part. If at any time you feel you do not wish to respond to a question or withdraw from the study then you are free to do so and the interview will be terminated.

It is unlikely that the questions will cause any discomfort or upset due to them being focused on the processes of education, awareness, understanding and treatment of a third party.

If you do experience any form of adverse event during/post interview then please contact the lead researcher.

If you are personally affected by participation in this study, you may wish to seek support/advice from MIND Charity who can be contacted at the following details:

Mind:

Phone: 0300 123 3393

Text: 86463

9. **What are the possible benefits of taking part?**

Whilst will be no direct benefits to you for taking part in the study, there may be some increased level of understanding/awareness of mental health issues in sport due to the topic of conversation and questioning taking place. This is not guaranteed, but may merely be a by-product of the interview's topic area.

10. **What will happen to the data provided and how will my taking part in this project be kept confidential?**

When you agree to take part in a study, we will use your personal data in the ways needed to conduct and analyse the study and if necessary, to verify and defend, when required, the process and outcomes of the study. Personal data will be accessible to the research team (Thomas Buck and Dr Robert Morris). In addition, responsible members of Liverpool John Moores University may be given access to personal data for monitoring and/or audit of the study to ensure that the study is complying with applicable regulations.

When we do not need to use personal data, it will be deleted or identifiers will be removed. Personal data does not include data that cannot be identified to an individual (e.g. data collected anonymously or where identifiers have been removed). However, your consent form, contact details, audio recordings etc. will be retained for 5 years.

You will not be identifiable in any ensuing reports or publications.

We will use pseudonyms in transcripts and reports to help protect the identity of individuals and organisations unless you tell us that you would like to be attributed to information/direct quotes etc.

11. Limits to confidentiality

Please note that confidentiality may not be guaranteed; for example, due to the limited size of the participant sample, the position of the participant or information included in reports, participants might be indirectly identifiable in transcripts and reports. The investigator will work with the participant in an attempt to minimise and manage the potential for indirect identification of participants.

12. What will happen to the results of the study?

The investigator intends to *complete a dissertation to publish the results in a PhD thesis/journal article, and will also disseminate the results at conferences/workshops.*

13. Who is organising the study?

This study is organised by Liverpool John Moores University PhD student/Lead Researcher: Thomas Buck, and supervisor/Director of Studies: Dr Robert Morris.

14. Who has reviewed this study?

This study has been reviewed by, and received ethics clearance through, the Liverpool John Moores University Research Ethics Committee (Reference number: **19/SPS/047**).

15. What if something goes wrong?

If you have a concern about any aspect of this study, please contact the relevant investigator who will do their best to answer your query. The investigator should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you wish to make a complaint, please contact the chair of the Liverpool John Moores University Research Ethics Committee (researchethics@ljmu.ac.uk) and your communication will be re-directed to an independent person as appropriate.

16. Data Protection Notice

Liverpool John Moores University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Liverpool John Moores University will process your personal data for the purpose of research. Research is a task that we perform in the public interest. Liverpool John Moores University will keep identifiable information about you for 5 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the study to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

If you are concerned about how your personal data is being processed, please contact LJMU in the first instance at secretariat@ljmu.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights,

are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/

17. Contact for further information

Thomas Buck: t.a.buck@2016.ljmu.ac.uk
Dr Robert Morris: robert.morris@stir.ac.uk
Dr Martin Eubank: M.R.Eubank@ljmu.ac.uk

Thank you for reading this information sheet and for considering to take part in this study.

Note: A copy of the participant information sheet should be retained by the participant with a copy of the signed consent form.

Appendix G – Study Three Consent Form Template.

Title of Project: Assessing the current processes of support, education and understanding of mental health issues within professional sports environments from both the perspective of the current support services available and the athlete.

Name of Researcher and School/Faculty: Thomas Buck, School of Sport and Exercise Sciences

I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	☐
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.	☐
I understand that any personal information collected during the study will be anonymised and remain confidential	☐
I agree to take part in the above study's interview.	☐
I understand that the interview will be audio recorded and I am happy to proceed	☐
I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised.	☐

Name of Participant: **Date:** **Signature:**

Name of Researcher: Thomas Buck **Date:** **Signature:** 

Appendix H – Study Three Interview Question Guide.

1. Can you please detail your experience of becoming and working as a practitioner within professional sport (notable teams, athletes, roles, etc)?
2. In your experience, have you found the current/previous mental health provision you have encountered in professional sport to be useful/successful in any way? Why/Why not?
3. What has worked most in your own experience to enhance understanding of mental health issues in athletes?
4. What do you believe athlete perceptions are of mental health issues? Are they receptive to learning about them?
5. What age group do you feel benefits most from understanding/educating on MH issues? Why?
6. According to research, it has been suggested athletes suffer with adverse mental health issues during times of injury. What is your opinion/perception of well-being and mental health support during this time?
7. What is your opinion on how athletes are able to cope within/without professional sport? E.g. dealing with injuries, retirement dealing with their own mental health, dealing with pressure, etc.?
8. What would you recommend needs the most improvement with regards to aiding athletes' mental health? What processes or strategies do you believe would need implementing/improving?
9. Do you believe the stigma of adverse mental health is still prevalent in professional sport? If so/not, why?
10. During your career what have you found athletes have required most from a professional support service? Is well-being disregarded in favour of performance, or vice versa?
11. In your opinion/experience do you believe athletes are more or less likely to seek support inside or outside of their environment? Could you please expand on your answer as to why this may be?
12. Previous professional athletes have reported they are more likely to speak to and discuss their mental state with a physiotherapist (within their club). Why do you think pro athletes are less likely to seek help from a trained professional with regards to their mental health? And, how can we improve this?
13. In your opinion, what do you believe needs improving in order to better prepare athletes for the transition out of sport?