

**Stakeholder conceptualisations of mental health and mental illness in English Premier
League Football Academies**

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Abstract

Research Aim: Mental health is often a misunderstood concept in sport. Additionally, little is known about how the Elite Player Performance Plan (EPPP) has impacted the conceptualizations of mental health and mental illness in stakeholders working in English Premier League (EPL) environments. The present study aimed to understand EPL academy support staff's ($n = 8$) perceptions, knowledge, and understanding of mental health and mental illness.

Research Methods: Researchers employed semi-structured interviews grounded in the Dual-Continua Model of Mental health (Keyes, 2002) and engaged in reflexive thematic analysis (Braun & Clarke, 2021a).

Results: Results demonstrated inconsistent conceptualizations of mental health and mental illness. EPL academies were potentially mental health illiterate and lacked clear strategies to treat and prevent mental illness or promote mental health.

Implications: Findings may be attributed to a culture that stigmatises help-seeking, lack of understanding of the spectrum of mental health, and limited resources offered at club and regulatory body level. Importantly, EPL stakeholders should engage in robust, relevant training in preparation for applied practice; in line with this, the present study has implications for the training of EPL support staff.

Research Contribution: This study provides us with a deeper understanding of the mental health literacy of EPL academy support staff and that of their organizations.

Keywords: football, soccer, mental health, mental health literacy, elite player performance plan

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Introduction

Sport researchers (see Rice et al., 2016; Kuettel & Larsen, 2019) have suggested that athletes are not immune to mental illness or compromised well-being. Rather, the substantial psychosocial demands faced by athletes throughout their sporting careers (and beyond) place this population at an equal, if not increased, risk of mental illness when compared with the general population (Rice et al., 2016). Some sports, such as professional football, might put athletes at an increased risk for compromised mental health and mental illness due to its unique cultural components and exclusion of those perceived to be unable to ‘cope’ with these demands (Champ et al., 2018; Gouttebauge et al., 2015; Nesti, 2010). Importantly, sport- and organization-specific cultures impact athletes’ attitudes towards engaging with conversations around mental illness and mental health (Rice et al., 2021), particularly for younger male athletes as a result of societal generalizations and pressures based on gender (e.g., Rice et al., 2018). Conversations surrounding mental health and mental illness have become prominent in recent years due to many athletes speaking about their struggles (e.g., Freddie Flintoff, Naomi Osaka). More recently, researchers are recognizing that mental health should be a “core component” in optimal elite sporting environments, (Henrikson et al., 2020, p.559). Despite the increased focus on mental health, much is still unknown about stakeholders’ comprehension of the topic or what this means for their practice.

Sport psychology has often paralleled general psychology in its focus on psychopathology and tendency to take a reactive stance to deficiencies and failures within the sporting context (Ashfield et al., 2012). Widely accepted mental health literacy (MHL) models (e.g., Gorczyński et al., 2020), which often guide research as well as applied practice,

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have also tended to adopt a deficit model of mental health. MHL can be described the knowledge and beliefs (of a person or organization) about mental health or mental illness that impact their knowledge, recognition, management, and overall engagement with mental health or mental illness (e.g., Vella et al., 2020). MLH is an evolving term encompassing the ecological knowledge and understanding surrounding mental illness aimed at preventing and treating mental illness (Gorczyński et al., 2021).

While several conceptualisations of MHL exist, Gorczyński and colleagues (2021) provide the most comprehensive definition and review of MHL: a culture that is mental health literate will (at organisational and individual levels) have effective self-management strategies, awareness of mental health first aid (MHFA), challenge stigma surrounding mental illness, and facilitate help-seeking behaviours. Importantly, these cultures must employ up-to-date education interventions to increase MHL, and these behaviours must be actively encouraged at a cultural and organisational level (rather than allowing organisations or individuals to present barriers). Despite MHL's focus on eliminating stigma surrounding mental illness, conceptualizing mental health in a pathology-derived manner contributes to denial and stigma, impedes effective care, and is not sufficient to protect athletes from mental illness (Uphill et al., 2016). In order to support the mental health of elite athletes, it is essential to conceptualize mental illness and mental health in a manner conducive to the elite sporting environment (e.g., utilising a framework that encompasses the highest levels of human functioning and not merely deficits). In line with recommendations that mental health in a sporting context should be better defined (Henrikson et al., 2020), we introduce the Dual Continua Model of Mental Health (Keyes, 2002), which aligns with the World Health Organization's conceptualization of mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

(WHO 2003, p. 7). The Dual Continua Model of Mental health (Fig. 1) assumes that mental health and mental illness reside on two separate but interrelated dimensions, with the mental illness dimension concerning the existence of psychopathology and the mental health dimension involving the extent to which (social, psychological, and emotional) well-being is present or absent.

Individuals who possess high levels of well-being and no mental illness are described as *flourishing* (Keyes, 2002, 2010, 2014). Research suggests anything less than flourishing signifies impairment, and that very few adults not experiencing mental illness are truly '*mentally healthy*' (Keyes, 2002, 2010). Mental health is a major resource for athletes' performance and development (Schinke et al., 2018), and flourishing has been associated with mental toughness, personal growth, and resilience in athletes (Ashfield et al., 2012; Gucciardi et al., 2017; Stander et al., 2017). In contrast, individuals experiencing low levels of mental illness as well as low mental health are described as *languishing*. Sporting cultures that have a stigma towards help-seeking, offer limited opportunities for psychological and social support, and ignore the holistic well-being of athletes can lead to languishing or mental illness, which is linked to high-risk behaviour such as alcohol abuse and engaging in negative social relationships (Witten et al., 2019).

Current research on 'mental health' in sport focuses heavily on mental illness, failing to address the dual continua on which mental health and mental illness reside (e.g. Gouttebauge, et al., 2015). Although current research in sport provides important insight into the risk factors for and prevalence of mental illness, it is limited on a number of levels. First, the majority of studies have utilized quantitative methodologies (e.g. Gouttebauge, et al., 2015), reducing participants' experiences to prevalence rates; quantitative approaches overlook the highly personalized nature of mental health, and do not allow us to establish causality. Second, the majority of studies have over-focused on treating and preventing

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Common Mental Disorders (CMD) (e.g., anxiety, depression, bipolar, eating disorders, and personality disorders; e.g. Casteldelli-Maia et al., 2019). Lastly, most studies (e.g., Ashfield et al., 2012; Bu et al., 2020; Sothern et al., 2021) focus on performers rather than those operating within and directly impacting performance environments. While studies examining mental health and mental illness in athletes is essential, those operating within and guiding sporting systems have the potential to impact all performers within their respective environments (e.g., Rice et al., 2021).

Therefore, it is imperative that researchers move beyond quantitative, athlete-focused methodologies to attain the in-depth experiences of stakeholders in their own words. Literature should diversify with the aim of developing a more detailed understanding of how sporting organizations can create environments that promote and support rather than inhibit mental health (e.g., Henrikson et al., 2020). Mental health promotes positive performance and encompasses a holistic manifestation of physical, psychological, emotional, and social health, and is an ideal state to encourage in athletes. Additionally, one's own understanding of and attitude towards mental health can impact how one engages with their delivery (e.g., O'Gorman et al., 2020). Despite this and recent appeals for improved awareness and insight on the topic (e.g., Rice et al., 2021), we have a limited understanding of how the practitioners who deliver support in English Premier League (EPL) academies understand mental health and mental illness. Elite football academies are important but under-researched environments in which to examine mental health provision (Sothern & O'Gorman, 2021), especially considering strategies such as the Elite Player Performance Plan (EPPP) have driven engagement with athlete well-being. The EPPP is a long-term strategy developed to improve the number and quality of homegrown players in England; the strategy aims to provide a more holistic approach to athlete development (e.g., more focus on education and development). The EPPP has received criticism in recent years, such as its lack of

consideration of football context leading it to become more of a ‘tick-box’ exercise for clubs and stakeholders (e.g., O’Gorman et al., 2020).

Professional football is frequently described as a results-driven and volatile environment that labels those players who are unable to cope with the cultural demands of the sport as ‘psychologically weak’ (Champ et al., 2018; Nesti, 2010). Moreover, despite fifty percent of mental illness disorders developing by fifteen years of age (Kessler et al., 2005), football clubs frequently encourage youth performers to engage in activities that jeopardize mental health and increase the likelihood of mental illness such as early specialization and investment in the sport, pressure to play despite injury, and a single-minded dedication to becoming a professional footballer, often at the cost of well-being (Champ et al., 2018; Henrikson et al., 2020). At least 1,000 boys between the ages of 9 and sixteen being contracted to professional football academy each year, and most will not obtain a professional contract; for example, ten percent of those who receive youth scholarships at age 16 go on to sign a professional contract (Anderson & McGuire, 2010). However, despite professional football academies being crucial environments for thousands of young boys’ adolescent development, these environments often encourage behaviours consistent with at the very least compromised well-being (e.g., Champ et al., 2018; Smith & Sparkes, 2009) rather than mental health.

As outlined above, football culture is engrained in hegemonic constructions of masculinity (e.g., Champ et al., 2018; Parker, 1995; Roderick, 2006) in which athletes at both academy and professional level must display traditional characteristics of a ‘real man’ (e.g., withstanding physical and mental pain, not disclosing emotions; Smith & Sparkes, 2009). In other words, professional football maintains and promotes the traditional hypermasculine identity (Champ et al., 2018) that allows men and boys to reflect traditional constructions of masculinity. These traditional gender norms that often limit help-seeking behaviors, often

encouraged in football academy environments (Champ et al., 2018), place young men at increased risk for mental illness (Seidler et al., 2016). For example, in England, the number of current (men's youth and senior) footballers seeking support from the Professional Footballers Association (PFA) for mental illness rose by more than 500% between 2016 and 2018 to a total of 438 individuals. Moreover, in merely the first quarter of 2020, over 299 players accessed MH support. Despite this improved access, these statistics indicate that there are still substantial hurdles to overcome. For example, FIFPro (2020) reported that 38% of current elite footballers and 35% of former professional footballers experience CMD symptomology; over 12,000 boys are contracted to professional football academies in the UK, suggesting that less than 6% of players suffering from CMD symptomology are seeking MH support. While sport psychologists are not qualified to manage mental illness disorders, they (and wider support staff) frequently encounter mental illness symptomology and are often the first point of call for athletes experiencing compromised mental health and mental illness (Rice et al., 2021). As a result, it is imperative that support staff both recognize the importance of and possess the expertise to engage with mental health and mental illness within their organisation appropriately (e.g., Rice et al., 2021).

We need research-informed applied models to improve athlete mental health (Vella et al., 2021), but before this is possible, we must begin with an awareness of our current knowledge and understanding of mental health in sport. Accordingly, the present research aims to explore the knowledge, perceptions and understanding of mental illness and mental health in support staff employed by EPL academies.

Methodology

Philosophical Positioning

The current study is grounded in an interpretivist paradigm (e.g., Smith & Sparkes, 2017). An ontological approach of relativism is assumed based on the authors' understanding

that reality is subjective and created through human action and interaction (Braun & Clarke, 2021b). Further, the authors assume epistemological constructionism, assuming that knowledge is historically, culturally, and socially constructed (Madill et al., 2000). Participants were invited to share their stories and experiences through conversations with the first author, in turn allowing for the generation of a unique and comprehensive understanding of the subjects discussed (Braun & Clarke, 2019).

Participants

The sample comprised of eight participants (male = 6, female = 2) from five EPL Football academies. At the time of their respective interviews (conducted between October 2019 and June 2020), each participant occupied a supporting role within their respective academy. Participants' experience working within their respective fields ranged from five to 31 years, and they had been employed within their present clubs for between one and ten years. Table 1 provides role details for each participant; due to the sensitive nature of these roles and identifiable nature of personal details, additional and more specific information cannot be provided. (Table 1 near here)

Procedure and Data Collection

Following institutional ethical approval, potential participants were purposively sampled (e.g., Curtis et al., 2000) by determining who in their professional networks worked within professional football academies. These contacts (all sport psychologists) were approached (via email) to inform them of the nature of the study and enquire about the potential interest of stakeholders participating. If they agreed, these contacts emailed academy stakeholders details about the project and provided the first researcher's contact information for potential expressions of interest. Coercion was avoided through ensuring confidentiality (e.g., the gatekeeper would have no knowledge of who did or did not participate), as well as standard research practice (e.g., informed consent). Interviews lasted between 28 and 51

minutes ($M = 39.58$) and were audio-recorded and transcribed verbatim; importantly, due to the seriousness of the COVID-19 pandemic and its impact on football academies at the time, stakeholders were extremely short on time. One interview (with the club doctor) was cut short at 28 minutes, in turn generating a smaller average interview time. Half of the interviews ($n = 4$) were conducted face-to-face on-site at two different professional football clubs, and the following half were conducted remotely via Zoom due to COVID-19 restrictions. Remote interviews created challenges such as technical difficulties (e.g. loss of power or WiFi). Further, 'Zoom fatigue,' may have influenced data collection as video-conferencing is more cognitively taxing and stressful than face-to-face interactions (Morris, 2020).

The research team designed a semi-structured interview schedule [available on request] grounded in the Keyes (2002) model of mental health and the research team's experience working within EPL academies. Using a semi-structured interview format enabled the researcher to ask a set of questions derived from the study objectives and underpinned by appropriate theory and contemporary literature, while also allowing for a natural flow of conversation, meaning participants could express their personal opinions and experiences (Smith & Sparkes, 2017). The interview explored participants' roles, (e.g., can you please describe your current role within the academy?), as well as their understanding and perceptions of mental health and mental illness (e.g., "what is your understanding of mental health/mental illness?", "do you have a system in place to educate players and staff on the importance of mental health/mental illness?", and "what would be beneficial for future developments within your club with regard to mental health and mental health/mental illness?"). These conversations, split into separate sections for mental health and mental illness, evolved into explorations of some of the provision within their respective clubs and subsequently their hopes and ambitions for future mental health support and provision.

Data Analysis and Methodological Rigor

In line with our philosophical positioning, which emphasizes the social co-construction of meaning and the researcher's active role in this construction, the research team adopted reflexive thematic analysis to engage with the data (Braun & Clarke, 2021a; 2021b). The research team's extensive experience working in professional football informed the co-construction of themes. The research team (utilizing NVivo to organize the data) engaged with six phases of reflexive thematic analysis, which included (in varying order): a) *familiarization* (the first author read and re-read transcripts, keeping notes throughout); b) *coding* (the first author identified and labeled portions of data which were interpreted as meaningful to our research question); c) *generating initial themes* (the first author began to identify patterns of meaning across the dataset and construct codes); d) *developing and reviewing themes* (the research team discussed potential themes, their definitions, and meaning, revising throughout; the first author then reorganized data into the 'draft' themes accordingly; for example, initial draft themes were 'understanding of mental health', 'understanding of mental illness', 'organizational MHL', 'mental health support', and 'looking to the future') e) *refining, defining, and naming themes* (the research team discussed their application of themes to the data, refined the co-constructed themes, and defined and named themes accordingly; for example, 'understanding of mental health', 'understanding of mental illness', and 'organizational MHL' were grouped into the over-arching theme of 'knowledge and understanding of the spectrum of mental health', and 'mental health support' was eliminated to remain congruent with study aims); f) *writing up* (the research team utilized agreed-upon themes, reflexive journals, and notes taken throughout the analysis process to construct the final manuscript).

Further, in line with our philosophical positioning and method of data analysis, and to strengthen the rigor of our data collection, the research team utilized Tracy's (2010) big tent criteria. The present research demonstrates: a) *a worthy topic* (the research is novel in exploring

and describing EPL academy stakeholders' conceptualizations of mental health and mental illness); b) *significant contribution* (the present research establishes and encourages active discussion around mental health and mental illness in sport, more specifically in the EPL); c) *rich rigor* (the research team adhered to the principles of reflexive thematic analysis and employed Braun and Clarke's (2021b) non-linear stages of analysis); d) *sincerity* (the authors have been straightforward about their philosophical position and active role in the research); e) *research credibility* (the research team worked in collaboration on data analysis); f) *resonance* (the research team have provided raw, rich data in line with research objectives); g) *appropriate ethical requirements* (a voluntary, informed, and consenting sample was used); and h) *meaningful coherence* (there is a clear and obvious link between study aims, philosophical positioning, methodology, and results).

Results and Discussion

In our aim to explore the knowledge, perceptions and understanding of mental illness and mental health in support staff employed by EPL academies, three overarching themes were constructed: (1) The Varied knowledge and Understanding of the Spectrum of Mental health and Mental Illness, (2) Current Mental Health Support, and (3) The Need to Improve MHL through Education and Support.

The Varied Knowledge and Understanding of the Spectrum of Mental health and Mental Illness

This over-arching theme refers to how stakeholders illustrated their knowledge and understanding of mental health. Stakeholders typically discussed mental health at two levels, individual and organizational, culminating in two sub-themes, (a) Conceptualizations of Mental health and Mental Illness, and (b) Organizational Mental Health Literacy.

Conceptualizations of Mental Health and Mental Illness

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This sub-theme details how participants understood the concepts of mental health and mental illness. When asked about their understanding of mental health, stakeholders generally conveyed a highly personalized description that may be underpinned by their professional experiences and limited mental health-specific education or training. Participants' conceptualizations ranged from a holistic view of mental health as being intertwined with physical health and flourishing to the idea that mental health is about personal 'struggle'.

It's a whole spectrum of health, it's physical health...what are the factors that are going to go some way to supporting somebody's mental health so that it doesn't become an issue. So, have they got things like social support? Are there people around that they can talk to? What's their self-esteem like? Do they believe they've got worth and value? – Carole

While Carole did not situate mental health on any specific model or continuum and associated mental health with 'issues' rather than well-being, and she did acknowledge many of the components that contribute to mental health. For example, she discussed social support, which can directly contribute to social well-being, worth, and value, which implies an understanding of important facets of psychological well-being of such as environmental mastery and purpose in life (Keyes et al., 2014). Similarly, another participant spoke about mental health as something one can 'have' and went a step further by situating it on a continuum.

Mental health is something everyone has. That can vary from time to time, depending on context, situations, life events...we talk about this continuum of mental health, from high-performing, to perhaps this active mental illness, or difficulties with mental health. We're all on this continuum, and we can move within that from time to time. – Richard

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On the other hand, most participants associated mental health with mental illness despite being asked about each of the concepts independent of one another.

Mental health, is where an individual...might be struggling with something and that can be anything from issues at home, low mood, that are causing low mood to rehab, players as well with more on the behavioral spectrum. - Lorian

The substantial variability in participants' depictions of mental health implied a general lack of understanding of the dual continua model of mental health. Interestingly, although Richard conceptualized mental health on a continuum from optimal for performance to mental illness (e.g. Purcell et al., 2019), the remaining participants' responses sat outside of specific mental health frameworks such as Purcell et al. (2019) or Keyes (2002). Mental health frameworks are important components of education surrounding MHL (e.g., Gorczynski et al., 2020). In line with this, academy stakeholders are often the first point of call for academy athletes experiencing mental illness symptomology or disorder, and education surrounding what mental illness is or is not (e.g., a framework) is imperative to performing their role. Regardless of participants' qualifications and levels of experience, their conceptualizations of mental health were situated within a deficit model that targeted the treatment and prevention of mental illness as opposed to the promotion of mental health. This fixation on mental illness is representative of much of the literature on mental health in sport, which has primarily focused on 'risk factors' and 'protective factors' for mental illness (see review by Kuettel & Larsen, 2020), and fails to address the concept of genuine mental health. However, our understanding of mental health in sport is shifting (Henrikson et al., 2020; Kuettel & Larsen, 2020; Rice et al., 2021; Uphill et al., 2016) to incorporate *all* mental states and to view mental health and mental illness on separate but linked spectrums (Keyes, 2002). Despite these developments in research, practitioners in this study acknowledged that terms associated with positive mental health were concepts they were ill-familiar with.

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It's a new term to me, psychological flourishing. I'd imagine...from what I know of the word, it's probably, close to performing consistently well? – Mark

Given the expanding role of the sport psychologist to cultivate performance environments that facilitate well-being and prevent mental illness symptomology or disorder, it is suggested that developing mental health literacy (MHL) at an individual and organizational level is a critical competency for sport psychologists to add to their skillset (Gorczynski et al., 2020; Henrikson et al., 2020; Larsen, 2017). Sport psychology education and training programs must evolve in tandem with the sociocultural contexts, climates, and cultures in which practitioners practice. The recent addition of a mental health curriculum to the BASES (2020) Sport and Exercise Psychology Accreditation Route (SEPAR) indicates that crucial first steps are being taken towards training mental health literate sport psychologists.

Although widely available courses such as Mental health First Aid (see MHFA England) serve an important role in improving mental health-related knowledge, these mini-training programs are insufficient in providing stakeholders with adequate levels of MHL to design appropriate and theoretically informed mental health interventions and have done little in eliminating the stigmas surrounding mental health terminology.

I don't tend to use the mental health terms too much...we tend to keep it quite basic and actually just speak to players and see how they're feeling and use their own terminology. – Carole

Avoiding terminology surrounding mental illness is particularly concerning, in that it will likely reinforce existing negative stigmas and limit athletes' opportunities to engage in help-seeking behaviors (Castaldelli-Maia et al., 2019). Further, before professional football academies can focus on designing mental health interventions for their athletes, it is important that MHL theory develops beyond the deficit model to encompass all mental states.

Organizational Mental Health Literacy

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The present sub-theme explores how participants understood the MHL within their respective club environments. MHL was discussed by several participants in relation to auditing, referral, provision, and perceptions of help-seeking. Despite variations in practitioners' conceptualizations of mental health, all participants were in unison when discussing the need for MHL at an organizational level within their respective academy settings. Moreover, participants emphasized the importance of cultivating an environment that proactively facilitates help-seeking and flourishing rather than reacting to mental illness at an individual level.

Sometimes there can be a perception that a psychologist comes in to fix people. But...it's about being proactive and making the environment, or influencing the culture, to make it a safe place. One that players feel comfortable to express how they're feeling. - Peter

Comments such as the above are incongruent with many of the participants' own conceptualizations of mental health. More specifically, practitioners discursively conveyed an internal battle of congruency; on the one hand, practitioners requested that stakeholders (e.g. players, coaches, and support staff) support psychologists in developing opportunities to facilitate athletes' psychological flourishing, while on the other, they conceptualized mental health within a deficit model. The introduction of (updated) MHL interventions might be an important mechanism through which individual and cultural congruence can be attained. However, this is likely to be impossible if the sociocultural context does not value or recognize the importance of mental health more broadly.

The perspective of psychology department is that it's okay to deliver the one-hour workshop, but we have to embed the culture at [CLUB NAME], so people understand what is important...no matter what your delivery of sessions are, if the culture's not a sensible environment for good mental health you might as well deliver nothing. -

Charles

Cultures that are inhospitable for supporting and maintaining mental health (Castaldelli-Maia et al., 2019), or even inconducive for sport psychology to function effectively within (e.g., Fletcher et al., 2011), have been widely reported in elite sport and is also reflected in Mark's experience.

There's still a bit kind of [pause] of suspicion, a...lack of transparency about what I actually do...I'm on my own at this point – Mark

This sense of isolation and suspicion around sport psychology has considerable implications, particularly in relation to the resources and time allocated to the psychology department, and therefore the impact a psychologist might have within an organization. Existing attitudes and perceptions towards sport psychology within professional football impact the sport psychologist's abilities to attain the respect, trust, and buy-in of influential figures such as managers and coaches (McDougall et al., 2015; Champ et al., 2018; Nesti, 2010). Furthermore, it is suggested that both stigma, suspicion, and the desire to present as 'tough' prevent stakeholders and athletes from engaging with sport psychologists (Castaldelli-Maia, 2019; Champ et al., 2018; Gulliver et al., 2012); more specifically, participants linked athletes' lack of help-seeking to football clubs' "old school" mentalities surrounding masculinity:

There's coaches of the 'old-school' mentality, if you can call it that...there was a lot of players that seek support outside of the club with regards to mental health...I got players that didn't want to be seen as weak. Didn't want to be seen to be engaging with sport psychology because of the depiction that coaches have had around being weak, about not being tough, about not being able to make it if you can't get over certain issues – Mark

That environment is still very dominated by men. You know, I think I can count on

one hand the amount of women in the building. So, I think there's still that perception of being tough. Not wanting to share things - David

This signifies that in order to implement MHL interventions, or even sufficiently treat or prevent mental illness, a cultural shift within football is crucial. However, cultural change takes a substantial period of time (Fedderson et al., 2019), and working alone to challenge cultures that discourage help-seeking and engagement with sport psychology can be challenging for the sport psychologist to overcome. For example, Fletcher et al. (2011) highlighted a lack of social support, job insecurity, and a culture incongruent with psychology as barriers to effective sport psychology practice, resulting in environments where sport psychologists must 'pick their moment' to do the job they were hired for (in fear for their job security).

Stigma towards mental health and mental illness, and subsequently sport psychology, meant that some stakeholders refused to engage in what sport psychologists considered essential aspects of their job (such as transparency and confidentiality), further demonstrating limited organizational MHL.

If there's an issue it would go to the welfare officer, and the welfare officer wouldn't tell anybody. Even if they weren't the suitable person, they would say 'your secret's safe with me'. That's been a real criticism of the support we provide, we should be upfront and honest. I say, 'you've come to me, which is great, we'll work on a few things, but I might not be the best person, for you? Do you mind if I...share certain information to make sure you get the best care?' I've been banging down the door through higher management. – Mark

The lack of understanding surrounding 'how' and 'when' to apply confidentiality and transparency demonstrated by some staff, alongside the inability for others to implement the concept in applied practice due to barriers implementing appropriate change, is concerning

when we consider the ethical guidelines offered by regulatory bodies (e.g. BASES, BPS, AASP) regarding sport psychology practice. It might be suggested that the above quote is representative of a mental health illiterate culture, within which engaging with psychology and mental health is seen as optional, and therefore, unimportant. Failure to engage with MHL, especially at a cultural level, is unsurprising. First, it opposes the hyper-masculine, volatile culture which football is embedded within (Champ et al., 2018; Nesti, 2010). Additionally, sporting cultures and contexts are constantly changing, therefore it is argued that MHL is never truly accomplished; this can be an intimidating prospect for organizations that will need to spend valuable resources on continuing MHL interventions (Gorczyński et al., 2020). Despite any perceived inconvenience, MHL and cultural competence are important in elite sporting environments, where athletes might be at risk for compromised mental health or mental illness (Champ et al., 2018; Gouttebauge et al., 2019). With this in mind, the research team argues that EPL teams may be best equipped to lead initiatives on designing and implementing MHL interventions in elite sport as a result of their immense financial resources, access, and influence.

Mental Health Support

MH support and provision within EPL academies culminated in two sub-themes: (a) Auditing Mental Health, and (b) Support and Referral Process for Athletes Suffering from Mental illness. Findings demonstrated a varied and inconsistent approach to support across the spectrum, from flourishing through to mental ill-health.

Auditing Mental Health

The majority of participants revealed that MH (as a broad concept) auditing was not something that their club formally engaged in. More specifically, only one club utilized an online portal to document player data related to mental illness:

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We have an online portal...we keep [CMD symptomology] on a record so that when we do an internal audit or review. Then also when we get externally audited by the Premier League, a lot of that is used on that online system as well as our own personal notes. -

Lorian

As demonstrated, it is unclear what specific constructs of mental illness the club were auditing, how they were doing so, and for what purpose. One performance psychologist disclosed that one-to-one sessions were rarely documented or audited within their club:

That's a huge area of concern, for this place...I'm well aware that they haven't been documenting one-to-one support sessions...if the Premier League came in and said, 'show us what you do for MH'...the tendency for our club would be, 'look at our personal development, look at our great personal education session that we do, once a month for one hour on depression or one hour on addiction. Oh and we've got a few people who do one to one'. – Mark

The use of inappropriate MH auditing strategies within professional football academies is problematic on several levels. The absence of a strategy to audit mental illness means there is no historical trace of athletes' help-seeking or ongoing psychological support, which has the potential to be detrimental to athletes' treatment. Further, failing to record incidence levels of mental-ill health (and MH) will likely paint an inaccurate picture of individual and organizational needs, each of which are useful in supplying the EPL and PFA with information regarding the specific and general state of MH and mental ill-health in professional football. Beyond this, the acceptance of poor auditing strategies further demonstrates that professional football clubs are illiterate when it comes to MH.

The most common method of auditing mental illness was through multi-disciplinary teams (MDT) comprised of staff members who would have an impact on formulating strategies for athletes who were 'flagged' through screening or referral systems:

Every six weeks we have an MDT review of each team. And that is a member of staff from each key department...each member of each squad is discussed. If we're seeing something that we'd deem potential well-being issue or MH or mental illness issue, the well-being lead for that age group has to bring it away into a separate meeting with [External Psychology Support Business]...If it is a mental ill-health, for example...it'll be immediate. If it is an ongoing situation that we need to monitor, the relevant staff will monitor it. – Charles

O'Gorman et al. (2020) identified a lack of time as an influential factor in shaping how some stakeholders make decisions about what activities to engage in, and it might be further offered as a potential explanation for prioritizing mental illness over flourishing. Despite this, MDTs have immense potential to improve the MH of their athletes; the current overwhelming focus on identifying and treating mental ill-health or performance issues will likely limit their effectiveness. Promoting MH can also protect against its loss (Keyes, 2010), acting as a preventative measure, and therefore programs that facilitate psychological flourishing can be effective in preventing some incidences of mental illness.

Support and Referral Process for Athletes Suffering from Mental Illness

In line with participants' conceptualizations of MH and auditing strategies, support for 'MH' was heavily focused on referral for CMD symptomology and mental illness on a reactive basis as opposed to the promotion of psychological flourishing. More specifically, four of the five clubs that took part in the study employed a clinical psychology consultancy firm. The purpose of the consultancy firm varied from participation in MDT meetings, assisting with 'grey-area' cases and referrals, to the implementation of psychologically informed environments.

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They support us...with some of the more complex cases that might arise...which might not be MH issues per-se, but might sometimes fall in that grey area between, what's the boundary of competence for sports psychology versus clinical psychology. - Richard

Clinical psychologists serve important roles in providing expertise regarding assessments, referrals, and interventions, and acting as critical friends to sport and performance psychologists (Ong et al., 2018). Consequently, many EPL clubs have embraced clinical psychology firms to support athletes experiencing clinical mental illness. In line with this, one performance psychologist expressed how the recent hiring of a clinical psychology consultancy firm within the professional football academy was a desperate attempt to address and support mental illness.

We're well aware that we're not sure about MH, in this academy. We know that we are behind. We have one or two people who are really passionate about it, but basically, come and help us design a system, and design a referral system. - Mark

The reliance of this club on 'outside experts' for a sense of legitimacy further demonstrates that mental illness (and MH) is still a little understood concept in many professional football environments (Champ et al., 2018; O'Gorman et al., 2020; Watts & Cushion, 2016). Similarly, a number of clubs utilized external speakers to increase awareness of mental ill-health and better educate players on the discipline:

They do some necessary, and important stuff, like MH and well-being, addiction, and so on...we pay someone to come in, to deliver a one-one-hour on depression, or...recognizing the symptoms of MH, mental ill-health sorry. I'm not sure it's the utopian way to go. I think there's barriers, in terms of us talking about things, I think we as an organization are scared of talking about MH and well-being, which we probably should be doing. - David

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While some academies utilized internal sources for education, most relied exclusively on external EPL support for education. Although education is an integral component to developing MHL, education should not (and cannot) be its primary source; MHL interventions must involve a combination of appropriate education *as well as* an intentionally cultivated culture that encourages help-seeking and challenges stigma (Gorczyński et al., 2020). Despite this, some participants noted that education was one of the only methods in which they could support athletes' development. MH education purely from external sources has the potential to perpetuate the sense that psychologists are 'outsiders' (Nesti, 2010), further contributing to the stigma which often surrounds engagement with the psychology program.

When it came to support, the need for an 'open-door policy' and the importance of providing a 'safe space' for confidential conversations that would not negatively affect athletes' playing time was mentioned by five of the participants, though it was noted that some athletes may not engage.

My position can provide a unique space for players. I'm not picking the team, I'm not giving out contracts...but players are difficult, even if you're really proactive and provide a safe place, I still don't think that all players will engage. - Peter

Some stakeholders linked this to the football environment, namely the expectations that performance is the priority any other factor, inclusive of mental health: “*as soon as they come through the gate, they're expected to drop all their issues at the security barrier*” (Richard). This expectation on men and young boys to hide their emotions in order to demonstrate masculine norms of toughness is common in hyper-masculine cultures such as football and can diminish attempts at help-seeking as well as compromise well-being (e.g., Champ et al., 2018; Chatmon, 2020). Not only are they often not provided with the safe space to express their thoughts or emotions, help-seeking is further inhibited because these norms often prevent men and boys from learning how to engage with these important conversations. This was evident

with several stakeholders; for example, David described an incident where he learned of a boy's "difficulties" from another boy's parent: "*the boy had real difficulties...I've said to him 'why'd you not tell me about this?' He's said well, 'I don't know how to start the conversation with you' (David).*

This study and others (e.g., Castaldelli-Maia et al., 2018; Champ et al., 2020) provide evidence of how day-to-day mental illness support is inhibited by broader cultural factors such as the hyper-competitive and hyper-masculine nature of football. While change is slowly occurring within academies and football overall (e.g., Premier League, 2020), we suggest that the EPPP directly address these factors due to their direct impact on player development and well-being.

The Need to Improve MHL through Education and Support

All practitioners identified clear intent to improve the MHL (and subsequently, support) within their respective academy settings, however the level of ambition for future mental health support varied based on the level of support their psychology program received. For example, some practitioners identified basic additions such as developing a referral process, while others had the ability to consider more innovative developments. One participant spoke about the importance of developing a psychologically informed and mental health literate culture that involved all stakeholders:

We're setting up in the player care department a mural that is going to be dedicated to tracking players. So, we'll have them in different areas and looking where they're at, and being able at any one time to work out how they are and where they're going

- Carole

This program has the potential to attract more engagement from staff and furthers the mental health narrative through improved awareness and understanding. Further, the mural has the potential to humanize athletes beyond their economic value (Harris et al., 2014), allowing

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stakeholders to learn about the human being in front of them, rather than just the performer. Another academy psychologist was able to reflect upon the importance of continuing to engage with clinical support:

The need to work with clinical psychology is here to stay, and that's a valuable resource, and it's been really useful for supporting our practice. There's a balance to strike where we're meeting the needs of the organization, [and] the individuals. How is that going to look in the future? How do we get the most out of that? - Richard

This is an important discussion that will impact how the relationship between sport psychology and clinical psychology are managed in the future. The involvement of clinical psychology offers valuable insight and skills on the current gaps in sport psychology. Eubank (2016) states that a sport psychologist's capacity to refer or work alongside athletes who experience symptoms of or clinical mental illness is highly dependent on their combination of their competence, specific training, and philosophy of practice, and furthers calls for the multidisciplinary approaches to support mental health (and subsequently protect against mental illness). While this can be an optimal approach, and should be a goal for high-performance environments, its success relies on multi-disciplinary teams (MDT) being situated within mental health literate cultures that encourage help-seeking, discourage stigma, support sport psychology, and demand stakeholders to work towards improved knowledge and understanding of mental health (Gorczynski et al., 2020).

Continuing with the trend towards flourishing, all participants conveyed a desire to improve MHL at a cultural level, identifying that sharing best practice across clubs would be beneficial:

It would be great to understand what other clubs are doing. I think sharing information and understanding what different practices look like elsewhere is really valuable –
Brian

Sharing best practice is an integral job of any psychologist as mandated by professional bodies (BPS, BASES). However, because sport psychology is often situated in brutal, competitive cultures (Champ et al., 2018) where individuals are generally wary of sharing their secrets to success, sport psychologists engaging in typical academic and ethical activities may contribute to views that they are outsiders (Nesti, 2010). The importance of research and sharing best practice to promote psychological flourishing in their athletes was echoed by a performance psychologist:

It's very much the coach looks after the technical [and] tactical side...myself will look at the psychological side, and the welfare staff look at the social side. But if we can get to a point where there's guidance and education for an organization to say it's...the whole environment, that promotes...the opportunity to flourish, that's where I see it going. - Mark

The psychologist identified education and training for coaches as potentially more important than their own; this, coupled with previous revelations of a lack of education, interest, and support from coaches to engage with MHL (Ferguson et al., 2019; O’Gorman et al., 2020; Watts & Cushion, 2016), further demonstrates that those with the most influence over athletes’ mental health are the least equipped for this responsibility (Champ et al., 2018; O’Gorman et al., 2020). Finally, the importance of research in informing and advancing the current practice guidelines offered by the EPPP in relation to mental health and flourishing was emphasized, with one participant identifying that current ‘mandatory requirements’ from the EPL are insufficient to encourage flourishing:

The more research that comes into football to show that, 'Listen. If you give these guys a chance to develop and relax and enjoy themselves, it's going to have a positive impact on their development on the field.' I don't know if we're going to get to this because of the structure of football. There's no mandatory time off. There's no mandatory

education time. So, the more scientific research that proves the benefits of psychological flourishing and positive mental health, the better. I think, as a club, we get it and we're trying. But until the culture's completely changed and changes in football, I don't know to be honest with you. - Charles

This again demonstrates the obstacles created by a culture which values purely performance and connects mental illness to poor performance, however, fails to make the connection between mental health and positive performance. That the only method of enhancing clubs' MHL is through research demonstrating that mental health can positively impact performance despite the overwhelming evidence of mental illness in elite athletes (Kuettel & Larsen, 2019; Rice et al., 2016) indicates practitioners are fighting an uphill battle.

General Discussion and Implications

The objectives of this exploratory study were to explore the knowledge and understanding of mental illness and mental health in EPL academy support staff. The findings identified that current models of mental health utilized within football are situated within a deficit model (e.g. Purcell et al., 2019), and that stakeholders often spoke about mental health and mental illness as interchangeable terms. Moreover, the MHL of individuals hired explicitly to support the mental health of academy athletes was, on average, below what should be required for designing and implementing interventions. For example, participants' conceptualizations of mental health were inconsistent, and there were significant gaps in knowledge. Importantly, this failure to engage with MHL at an individual and cultural level is unsurprising as MHL opposes the hyper-masculine, ruthless, and results-oriented cultural features dominant within professional football (Brown & Potrac, 2009; Champ et al., 2018; Nesti, 2010); for example, even those who might exhibit higher levels of MHL were unable to demonstrate this within their respective organizations.

Alongside this, sport psychologists and player care managers acted within ‘blurred lines,’ (e.g. Roberts et al., 2016) with many unable to work in the holistic framework they deemed appropriate as a result of the non-facilitative environment they operated within. The combination of low mental health literacy and continuously being forced into a state of incongruence likely limited effective practice (Eubank et al., 2014; McDougall et al., 2015). This incongruence was often contributed to by the low organizational MHL and cultural competence reflected in many other elite football environments (Champ et al., 2018; Cronin et al., 2020; Nesti, 2010) in that they were harsh, hyper-competitive, hyper-masculine, and brutal, which discouraged help-seeking in athletes and engagement with the psychology team from stakeholders. This can be seen as a reflection of football culture as a whole, and the guidance of the EPPP, which is inadequate in its own MHL.

As a result of their financial resources and significant influence in shaping the practices of others, EPL teams might be best positioned to lead initiatives around mental health in professional football, if not professional sport as a whole; however, this positioning does not mean that EPL clubs are ready to take on this responsibility in light of their own limited MHL. In an important step in allowing key stakeholders (e.g. sport psychologists, sport psychiatrists, and clinical psychologists) to design, implement, and evaluate MHL interventions for both youth and senior players (Gorczyński et al., 2021), the EPL, FA, and Prince William united in 2020 to introduce the ‘Mentally Healthy Football’ declaration to develop mentally healthy football cultures (Premier League, 2020). From the findings of this study, it is suggested that Keyes’ (2002) model of mental health is an appropriate model for sports organizations to apply with the aim of developing MHL sporting environments. The authors argue that the Keyes (2002) model clarifies some of the ‘blurred lines’ experienced by stakeholders within the academy environment. For example, most stakeholders (e.g., sport psychologists, welfare officers) are qualified and trained, or at least should be, to work along the mental health

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dimension in encouraging athlete social, emotional, and psychological well-being to improve mental health. On the other hand, most stakeholders should have limited engagement with the mental illness dimension, which should be tended to by clinical psychologists. This model provides a potentially compelling answer to how we incorporate clinical psychology in EPL academies and might provide direction for the education of sport psychologists and other stakeholders in the future.

The dual-continua model should be applied to initiatives already taking place in the EPL (e.g., Mentally Healthy Football) and future interventions. MHL interventions for athletes (e.g., Bu et al., 2020; Vella et al., 2020) might be useful places to start based on their improvements on help-seeking intentions and measures such as depression and anxiety literacy; however, it must be noted that athlete-based interventions had no effect on help-seeking behaviors in these studies. It might be suggested that to allow athletes to act upon their own MHL, the culture and environment in which they are situated must be mental health literate. MHL might be developed within professional football academies by following Gorczynski et al.'s (2020) recommendations and hiring sport psychologists, sport psychiatrists, and clinical psychologists to develop MHL interventions. These club-specific interventions should include improving stakeholders' knowledge of effective self-management strategies (including mental health), challenging mental health and mental illness stigma, awareness (and use) of MHFA to assist others, and facilitating help-seeking and flourishing-seeking behaviors.

Similarly, the research team recommend that the EPL reconstruct the EPPP and prioritize a cultural shift to eliminate the stigma surrounding mental health and mental illness. This is an essential step towards developing mental health literate football environments in which MDTs can function effectively. The research team propose that (alongside MHL interventions) the EPL provide academies with the necessary resources to employ appropriate staff to develop psychologically informed MDTs. Further, the training of sport psychologists

and related practitioners must be built upon to reflect the mental health needs and cultural contexts which they will encounter when working in elite sport (Cruickshank et al., 2013; Eubank et al., 2014; McDougall et al., 2015).

This study extends current knowledge and understanding of mental health and affirms the view that mental health has been primarily explored from a deficit perspective in sport. Further, the use of qualitative research methods has provided us with a deeper understanding of the MHL of EPL academy support staff and that of their organizations, reinforcing the importance of MHL at individual and cultural levels. Despite the present study's small sample size, the findings allow us to draw a number of implications for practice and future research, such as appropriate mental health models that include flourishing and the importance of relevant MHL interventions at individual and organizational levels.

Recommendations

Research must address challenges experienced by sport psychologists and other support staff, the experiences and attitudes of coaches and other important stakeholders, and delve into the unique sociocultural factors impacting football. This research has examined the views of mental health and mental illness, providing a snapshot of MHL in EPL academies. Future research should focus on a more holistic examination of MHL in football with additional stakeholders. The present study coupled with previous research (e.g., Furguson et al., 2019; O'Gorman et al., 2020; Watts & Cushion, 2016) establishes that those with the most influence over athletes' mental health are the least equipped for this responsibility (Champ et al., 2018; O'Gorman et al., 2020), a reality that must be remedied for the sake of athlete well-being. Additionally, it is important to ascertain athletes' perspectives on mental health and how best to support them throughout their careers, and to examine the MHL and cultural competence which exist within women's elite football. The authors also suggest exploring how different stakeholders in sport might situate themselves along the dimensions of the Keyes (2002) model

of mental health, and what this might mean in practice. Finally, it is important to re-examine current approaches to sport psychology and sport psychology education, as well as broader stakeholder training, in order to better prepare those who will work in elite sporting contexts through the inclusion of mental health and MHL specific training.

Limitations

Based on the positionality of this research, we welcome naturalistic generalisability (Smith, 2018) where readers can take their own interpretations from the data. However, we acknowledge that because we spoke only to certain practitioners, each with unique views, those of other stakeholders are unknown and we cannot generalise these results to other academies. In addition, due to the cross-sectional nature of the data, we recommend that longitudinal research further examines practitioners' knowledge and understanding surrounding mental health and mental illness might improve our understanding of this phenomenon in the wider context of EPL academy environments.

The authors report there are no competing interests to declare.

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Figure 1:

The dual continua model of mental health and mental illness (Keyes, 2014)

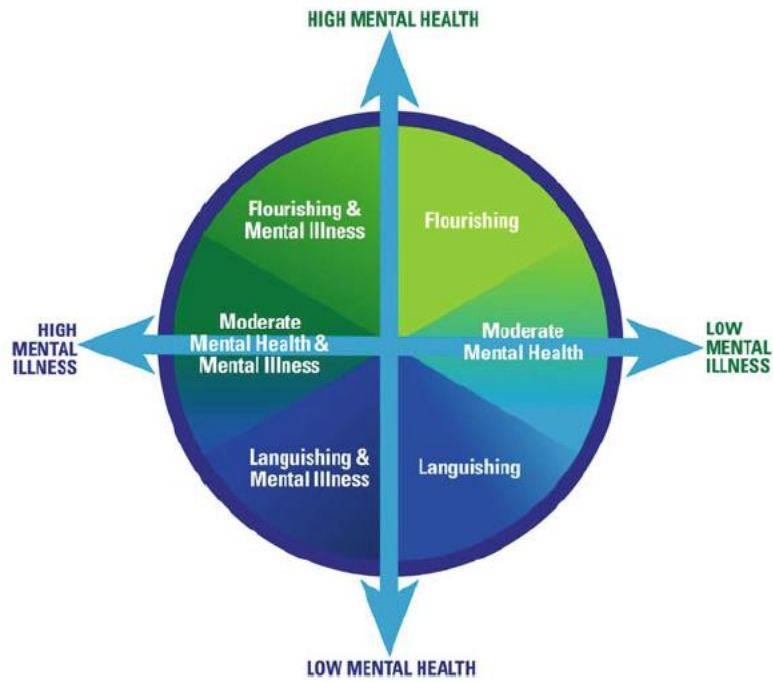


Table 1: Participant Roles

Name	Role
Carole	Sport Psychologist
Peter	Sport Psychologist
Richard	Sport Psychologist in Training
Mark	Performance Psychologist
Charles	Player Care Manager
Lorian	Player Care Manager
David	Welfare Officer
Brian	Club Doctor