



The BASES Expert Statement on Mental Health Literacy in Elite Sport

Produced on behalf of the British Association of Sport and Exercise Sciences by Dr Paul Gorczynski, Dr Kass Gibson, Prof Richard Thelwell FBASES, Dr Anthony Papathomas, Prof Chris Harwood FBASES and Dr Florence Kinnafick.

Introduction

Research demonstrates that elite athletes are not immune to poor mental health (Gorczynski *et al.*, 2017; Rice *et al.*, 2016), which can adversely affect their overall health and performance. Here, elite sport is defined on a continuum from semi-elite (e.g. high-performance youth development programmes) to world-class elite (e.g. global competitions) (Swann *et al.*, 2015). There are many reasons why elite athletes may experience poor mental health. Training and performance demands can place considerable psychological stress on elite athletes who also face public and media scrutiny, financial concerns, sudden and prolonged injuries, and retirement, especially when unexpected. Despite these challenges, few elite athletes seek professional help for their mental health.

contributed to its stigma and elite athletes not understanding what mental health actually is. The World Health Organization defines mental health as: “a state of well-being in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014). Much like physical health, mental health is a resource that allows people to function, deal with stress, perform meaningful work and contribute to broader collective goals. A firm understanding of mental health as a resource is the basis of any mental health promotion strategy.

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Research also shows elite athletes have a poor understanding of mental health issues and are uncertain about where to seek support (Coyle *et al.*, 2017). Regrettably, stigma due to the negative stereotypes associated with mental illness can cause some elite athletes to neither recognise their poor mental health nor seek professional help. This stigma is further compounded by cultural and masculinist perspectives in sport that value appearing strong and view help-seeking, especially for poor mental health, as being weak. Evidence-based strategies are needed to address the causes of poor mental health in elite sport and provide support in a systematic manner to those who need it. The aim of this statement is to review the available literature on mental health literacy (MHL) programmes in elite sport and provide guidance on future programme research and development.

Background and evidence

Mental health is discussed in the media and in sport-related research literature, but rarely is it defined. Almost always, mental health is viewed negatively, through an illness-based lens. This indirect discussion and negative perspective of mental health has

prevention” (Jorm *et al.*, 1997). Specifically, MHL aims to: 1) enhance knowledge of mental health problems, including risk factors and causes, symptom recognition and self-care practices; 2) improve attitudes toward poor mental health and help-seeking behaviours; and 3) increase intentions, and knowledge of how, to seek help.

The concept of MHL originates from the field of health literacy. Like health literacy, MHL is intended to act as a tool for personal and social empowerment, to address mental health inequities and to improve health. MHL is not just about giving out pamphlets on symptoms and disorders and seeing if people can successfully set appointments with professionals. Instead, MHL is a strategy that encourages communities to create sustainable approaches for individuals to address and deal with the causes of poor mental health and its consequences and help individuals optimise and maintain their mental health.

In sport, MHL programmes have evidenced improved recognition of symptoms of mental health disorders, increased professional referral knowledge, reduced stigma, improved referral confidence to see a professional and improved intentions to seek support

(Breslin *et al.*, 2017). However, the evidence reviewed by Breslin and colleagues was based on studies with small sample sizes and non-rigorous evaluation methods. Programmes reviewed varied in delivery method, length, and did not draw from behavioural theories or address all the major facets of MHL, nor did they acknowledge the determinants of mental health and mental illness. Programmes also lacked a cultural awareness of sport that influenced knowledge and attitudes toward mental health and intentions to seek support. Lastly, programmes were narrow in scope and did not address elements that may help individuals to thrive. What has emerged from the available literature is that there are no evidence-based MHL programmes used to promote mental health and well-being in elite sport.

Recommendations

Given the limited research base of evidence-based MHL programmes in elite sport, several recommendations would enhance current practice.

- 1) MHL programmes need to be designed in a manner that sees MHL as a process, where MHL training starts at an early training age, is specific at each stage of development, and is ongoing. Becoming literate in recognising poor mental health and becoming confident in using self-care and professional care practices to improve one's mental health is developed over time.
- 2) MHL programmes need to be designed with critical contextual awareness, where organisational goals are taken into account while helping organisations recognise and address poor mental health and also create environments where individuals can thrive. This would require an assessment of organisational strengths, weaknesses, opportunities and threats (SWOT). By conducting an MHL SWOT analysis, MHL programmes can proactively address the unique challenges associated with a particular sport, the determinants of mental health and mental illness, and account for issues related to age, gender, race and sexuality.
- 3) MHL programmes need to be designed with collective awareness, where the mental health of all individuals involved in elite sport is addressed. Mental health practice and research in elite sport has focused narrowly on athletes, ignoring coaches, officials, sport psychologists, sport and exercise scientists, support staff, family members and fans who have both responsibilities and opportunities to help and support one another.

To enhance practice, researchers must design evidence-based MHL programmes. The behavioural epidemiology framework, as proposed by Sallis *et al.* (2000), could promote the creation of such programmes. The framework specifies a series of sequenced studies on health-related behaviours that leads to evidence-based interventions. The framework, as adopted for MHL, would have five steps:

- 1) Establish links between MHL and mental health in elite sport.
- 2) Develop and use valid and reliable measures of MHL and mental health outcomes.
- 3) Identify the determinants of MHL and mental health.
- 4) Evaluate MHL interventions to improve mental health outcomes.
- 5) Translate MHL interventions and distribute them for widespread practice.

Conclusions

Research is needed to develop, evaluate and translate evidence-based MHL programmes that are process-oriented, contextual and inclusive at recognising and addressing poor mental health and empowering individuals to create opportunities where they can thrive. MHL programmes in elite sport must move beyond functional designs, where individuals are able to read,

comprehend and use healthcare instructions, and become more interactive and critical, which encourage individuals to be actively involved in their own mental health decisions and address the broader determinants of their own mental health. ■



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