



# CREATE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Copyright © and Moral Rights for this thesis are retained by the author and/or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder/s. The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given e.g. Henderson, K. (2018) An action research approach to developing psychological support to increase wellbeing in student scholarship athletes. D.Clin.Psychol. thesis, Canterbury Christ Church University.

Contact: [create.library@canterbury.ac.uk](mailto:create.library@canterbury.ac.uk)



KATE HENDERSON BSc Hons

AN ACTION RESEARCH APPROACH TO DEVELOPING  
PSYCHOLOGICAL SUPPORT TO INCREASE WELLBEING IN  
STUDENT SCHOLARSHIP ATHLETES

Section A: A Review of Experiences of Mental Health Stigma and  
its Impact on Athletes.

Word Count: 8000 (397)  
(excluding abstract, references, tables & figures)

Section B: An Action Research Approach to Developing Psychological Support  
to Increase Wellbeing in Student Scholarship Athletes

Word Count: 7987 (74)  
(excluding abstract, references, tables & figures)

Overall Word Count 15,987 (471)  
(excluding abstracts, references, tables & figures)

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of  
Doctor of Clinical Psychology

APRIL 2018

SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY

## **Acknowledgements**

I would like to thank all the individuals who took part in this study for their enthusiasm and commitment. Thank you to Dr Dan Salter for your support, guidance and reassurance throughout this project, as well as to Dr Mark Uphill in offering a sports psychologist perspective and specific knowledge in this field. A big thank you to my children for ensuring I took a break and had fun and my husband for offering encouragement and constant faith in my abilities.

## **Overview of Major Research Project**

**Section A** discusses how mental health stigma impacts on athletes and suggests that in general athletes may experience higher levels of mental health stigma, which then impacts on levels of shame regarding mental ill health. This then makes it less likely they will accept psychological support. It recommends that if services want psychological support to be accessible for athletes they should aim to reduce this stigma. It also suggests that future research continues to explore this area, particularly in the UK and within a wider range of sports, genders and cultures.

**Section B** aims to explore the experience of mental health in student scholarship athletes and individuals in their surrounding context, to make improvements to the psychological provision provided for this group. Action research was employed with three phases, individual interviews, a focus group and developing a list of recommendations. Scholarship athletes emphasized the impact of transitions and demands. Mental health within this group continued to be entwined with stigma, denial, misjudgements and a lack of established conceptualisation. Findings are discussed in relation to clinical implications and future research.

## Section A: Literature Review Contents

Abstract.....	2
Introduction.....	3
Mental Health Difficulties in Athletes.....	3
Barriers to Accessing Support.....	4
Theory of Mental Health Stigma.....	5
Rationale for review.....	6
Terminology.....	7
Literature Review.....	8
Type of Literature Review.....	8
Method.....	8
Search Strategy.....	9
Results.....	11
Table of Summary of Studies.....	12
Overview of Studies.....	17
Methodological Considerations.....	29
Quantitative Designs.....	29
Qualitative Designs.....	33
Synthesis of Results.....	35
Clinical Implications.....	37
Future Research.....	38
Conclusions.....	39
References.....	40

## **Section B: Empirical Paper Contents**

Abstract.....	2
Introduction.....	3
Mental Health in Sport.....	3
Student-Athlete Lifestyle.....	4
Barriers to Accessing Support.....	4
Psychological Theory.....	7
Context of Study.....	8
Rational.....	8
Research Aims.....	9
Method.....	9
Participants.....	9
Design.....	10
Procedure.....	10
Data Analysis.....	11
Quality Assurance and Reflexivity.....	12
Ethical Considerations.....	12
Results.....	13
Action: Producing a List of Recommendations.....	25
Discussion.....	26
Methodological Limitations.....	29
Clinical Implications.....	30
Future Research.....	32
Conclusions.....	32
References.....	34

## **List of Tables and Figures**

### **Tables: Section A**

Table 1: Key terms, phrase searches and truncation used in literature search

Table 2: Inclusion and exclusion criteria

Table 3: Summary of studies

### **Tables: Section B**

Table 1: Summary of main recommendations for focus group

### **Figures: Section A**

Figure 1: Search Strategy

### **Figures Section B**

Figure 1: Keyes (2002) two-continuum model

## **Section C: Appendix of supporting material**

### **Appendices Section A**

Appendix A: Critical appraisal skills programme checklist.....	2
Appendix B: The effective public health practice project checklist.....	8

### **Appendices Section B**

Appendix C: Information sheet.....	16
Appendix D: Consent sheet.....	19
Appendix E: Interview schedule (scholarship athlete).....	20
Appendix F: Interview schedule (scholarship mentor/staff).....	24
Appendix G: Focus Group Schedule.....	28
Appendix H: Recommendations.....	29
Appendix I: Example analysis of individual interview. <i>This has been removed from the electronic copy</i> .....	33
Appendix J: Example of focus group analysis. <i>This has been removed from the electronic copy</i> .....	34
Appendix K: Extract of reflective diary. <i>This has been removed from the electronic copy</i> .....	35
Appendix L: Research and Development approval letter.....	36
Appendix M: Feedback letter to be sent to participants.....	37
Appendix N: End of study letter to be sent to ethics panel.....	39
Appendix O: Thematic analysis table.....	42
Appendix P: Thematic analysis mind maps.....	68
Appendix Q: Author guidance for Journal of Clinical Sport Psychology.....	74





MAJOR RESEARCH PROJECT

KATE L. HENDERSON BSc Hons

**Section A:**

**A Review of Experiences of Mental Health Stigma and  
its Impact on Athletes**

Word Count: 8000 (397)

(excluding abstract, references, tables & figures)

For submission to the Journal of Clinical Sport Psychology

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of  
Doctor of Clinical Psychology

APRIL 2018

SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY

### **Abstract**

Previous research indicates that the prevalence of mental-ill health in athletes is comparable to the general population, but athletes do not access the services as readily. There appears to be multiple reasons for this. This review focuses on research investigating how mental health stigma impacts on athletes. Following a search of electronic databases (e.g. PsychINFO; Web of Science; Google Scholar), 12 relevant studies were identified and included. The majority of reviewed papers suggest that athletes generally experience greater levels of mental health stigma than the general population, which increases shame and decreases help-seeking. However, some studies showed a contrasting picture, suggesting that non-athletes experienced higher rates of stigma.

Athletes had concerns about being judged as weak or unable to cope and would consequently perform through mental health conditions. Individuals with increased masculinity, appeared more likely to show increased stigma towards mental illness and psychological help-seeking. Therefore, increasing knowledge on mental health, while simultaneously reducing stigma within these sporting environments, is vital to the progression of mental health support for athletes.

Additional research, both using qualitative and more rigorous quantitative designs would be beneficial, particularly in the UK, using more female samples within a wider range of cultures and sports.

Keywords: athlete, sport, mental illness, stigma, help-seeking.

## Introduction

### **Mental Health Difficulties in Athletes**

One in four people experience mental health difficulties throughout their life (DOH, 2011). However, it is perceived that athletes, especially in certain sports (i.e football, rugby) are superhuman ‘machines’, driving themselves through physical pain and injury (Jenkins, 2009), and therefore may be less likely to experience mental health difficulties. However, the idea that this physical strength also extends to the individual’s mental toughness (Bauman, 2016) has been increasingly questioned (Wolanin, Gross & Hong, 2015). In spite of the known beneficial and protective effects of exercise on mental health, athletes can still be susceptible to mental illness (Schwenk, 2000).

The large physical and mental demands placed on athletes, may increase stressors and therefore heighten their vulnerability to certain mental health problems. They face a unique range of pressures, including aims to excel in their sport, limited support networks, (due to relocation), potential isolation, increased public scrutiny (particularly through social media), group dynamics in team sports and the possibility of injury which could end their careers prematurely (Green & Weinberg, 2001). Noblet, Rodwell and McWilliams, (2003) study showed that professional Australian rules football players, reported a range of stressors related to performance, including concerns about training, injury, achievement and undesirable team relationships.

A study of elite Australian athletes (Gulliver, Griffiths, Mackinnon, Batteham, & Stanimirovic, 2015) found that the frequency of mental health problems appeared comparable to that observed in the general population, with a total of 46% reporting symptoms of at least one mental health difficulty. Depression was most frequently reported (27.2%), followed by eating disorders (22.8%), social anxiety (14.7%), generalised anxiety (7.1%) and panic (4.5%). Some studies even suggested that elite athletes had an amplified risk of mental health

problems, including eating disorders (Sundgot-Borgen & Torstveit, 2004) and suicide (Baum, 2005). Sundgot-Borgen and Torstveit's (2004) research also suggested that certain factors showed a higher association with eating disorders, such as being part of a sport that required a particularly lean body shape or being female. A study by Schaal et al. (2011) showed that 16.9% of athletes experienced conditions significant enough to warrant psychological services.

Furthermore, most elite sports people fall within the at-risk age group (between 16-34 years old) but are underrepresented in mental health literature (Hughes & Leavey, 2012).

Therefore, there are significant gaps in understanding of the specific conditions this population face and the best ways to support them (Reardon & Factor, 2010).

### **Barriers to Accessing Support**

Accessing professional services is one of the recommended pathways to successful management and recovery of mental health problems (Davidson & Roe, 2007), but people in the general population do not always access these services. Lubian et al's (2016) study showed that only 37.3% of individuals with common mental health problems in the general population reported receiving treatment and athletes may be a sub group who are even less likely to seek this professional help.

There are many barriers towards help seeking in athletes with mental health problems. These include: norms within the sub-culture of sport (Tibbert, Anderson & Morris, 2015), deviating from his/her athlete identity (Addis & Mahalik, 2003), athletes' and coaches' attitudes towards mental health and help-seeking (Jowett, 2003), gender roles (O'Neil, 2008), uncertainties about the differences between sports psychology and mental health support (Baum, 2005), inability to differentiate between 'real' and 'normal' distress (Schwenk, 2000), not wanting to accept the disorder (Biddle, Donovan, Sharp & Gunnall, 2007), lack of understanding as to where to receive help and who to see (Abram, Paskar, Washburn &

Teplin, 2008), expectations (Watson, 2006), not enough time (Wilson, Rickwood & Deane, 2007), lack of additional funds (Abram et al., 2008) and mental health stigma (Reardon & Factor, 2010).

### *Mental Health Stigma.*

According to Yang et al's (2007) study the social stigma associated with seeking mental health treatment can be a dominant barrier. In a population of student athletes, stigma was heightened due to the athletes' celebrity status and help seeking was perceived as a sign of weakness (Reardon & Factor, 2010). Attention to athletes' mental health are normally framed in the discourse of mental illness (Hughes & Leavey, 2012), a position that also contributes to stigmatization, denial, and the avoidance of effective care.

### **Theory of Mental Health Stigma**

Stigma has been described as negative thoughts, feelings and behaviours towards individuals or groups that hold certain characteristics or participate in behaviours that are seen by the larger culture as undesirable, in a particular time or place (Vogel, Wade & Hackler, 2007). This disapproval may then be affixed to this person or group. Stigma can be personal or public (Corrigan, 2016). Personal stigma is one's own beliefs and public stigma refers to the unwelcome attitudes that one believes others will hold towards them for engaging in certain behaviours (Corrigan, Watson & Barr, 2006). Individuals with mental illness can experience shaming and degrading by the general public, (Abdullah & Brown, 2011) but this may also be internally associated with their own views and values surrounding what it means to have a mental illness.

Corrigan (2004) suggested that stigma develops successively, first by identifying peer group or public stigma, then by developing one's own personal stigma, through internalizing perceptions of public stigma and seeing yourself as part of a stigmatised group (Corrigan, 2004). This can be even more damaging than public stigma and can lead to low self-esteem

and increased suffering (Hartman et al., 2013), potentially preventing the individual from seeking psychological help for fear of negative judgements (Corrigan, 2004). This is consistent with research, such as, Sirey et al., (2001) that indicates a significant association between shame and avoiding treatment. Families also frequently reported a strong sense of shame as a result of a family member's mental illness (Corrigan & Miller, 2004).

### **Rationale for review**

Previous research suggests athletes are a population that suffer with comparable levels of mental illness to the general population, but do not often utilise the services available, which can have devastating effects on their sports performance and quality of life. One study indicated that only 8-9% of student athletes pursue help from the university mental health services (Watson & Kissingner, 2007). A multitude of barriers have been suggested as reasons why individuals choose to not access psychological help, many associated with mental health stigma.

A couple of previous reviews concluded that, stigma is the most crucial barrier facing athletes' mental health (Rice et al., 2016) and mental health stigma had a small to moderate effect on help-seeking for mental health ( $d=0.27$ ) (Clement et al., 2015).

In sporting settings there appears to be efforts to reduce this stigma, by encouraging others to speak up about their experiences. However, this still appears to be present. This current review aims to focus on athlete populations more specifically, further outlining how this stigma impacts on this group and considering whether this may influence their decisions to seek psychological help. It will draw some conclusions about current research and making suggestions for clinical implications and future research.

## **Terminology**

### *Athlete*

An athlete is a sportsman or sportswoman who is proficient in sports and other forms of physical exercise and may be a professional or amateur. For the purpose of this review we will focus on any type of athlete from a student to elite athlete.

### *Mental health difficulty, mental illness or mental health*

A person struggling with their mental health or experiencing mental illness may experience psychological distress to varying degrees, which may be in the form of stress, anxiety, depression or any other mental health condition. Individuals, both with and without a diagnosis will be included in this review. The review will focus on the stigma the individual may experience regarding their condition or accessing the services available to support them.

### *Stigma*

Stigma refers to a mark or disgrace connected with a particular circumstance, quality, person or group. This stigma may be towards themselves or others. As part of this review, athletes' experiences, perceptions and attitudes regarding mental health stigma will be evaluated, and it will be considered how this stigma then impacts the athlete.

### *Impact*

The effects mental health stigma has on an athletes' experience of their mental health condition. Also, any feelings of shame that may come with this label or experience, as well as any changes to theirs or others attitudes and behaviour, particularly help-seeking behaviour following on from the stigma.



## **Literature Review**

### **Type of Literature Review**

A broad literature search was conducted to identify research on the impact of mental health stigma within athlete populations. It was not within the capacity of this review to complete an exhaustive summary of all relevant literature. Nevertheless, in line with systematic reviews, a systematic approach to searching for, selecting and extracting data from publications was employed, aiming to include one or more features of a systematic review, but not the full requirements (Grant & Booth, 2009).

### **Method**

The electronic search engines PsychINFO, Web of Science and Sportsdiscus were searched using advanced search options. Google Scholar was also searched for additional papers. Phrase searching, exploded subject headings and truncation were used to maximise the search's scope (Table 1). Key terms were mixed with Boolean operators OR and AND to allow for the most comprehensive search, addressing the objectives of the review. Only articles published in English that had been peer-reviewed were included and no time restrictions were made to the search, as there were limited relevant results.

*Table 1. Key terms, phrase searches and truncation used in literature search*

Key Terms Related to Athlete	Key Terms Related to Stigma	Key Terms Related to Mental Health
Athlete* Competitor* Sportsperson College athlete*	Stigma* Prejudice Attitude* Social discriminat* Social acceptance	“Mental Health” “Psychological issues” “Psychological problems” Wellbeing “Mental illness” Mental wellbeing “Mental disorder*” “Stress*” “Anxiety” “Depression” “Psychosis” “Obsessive Compulsive Disorder”

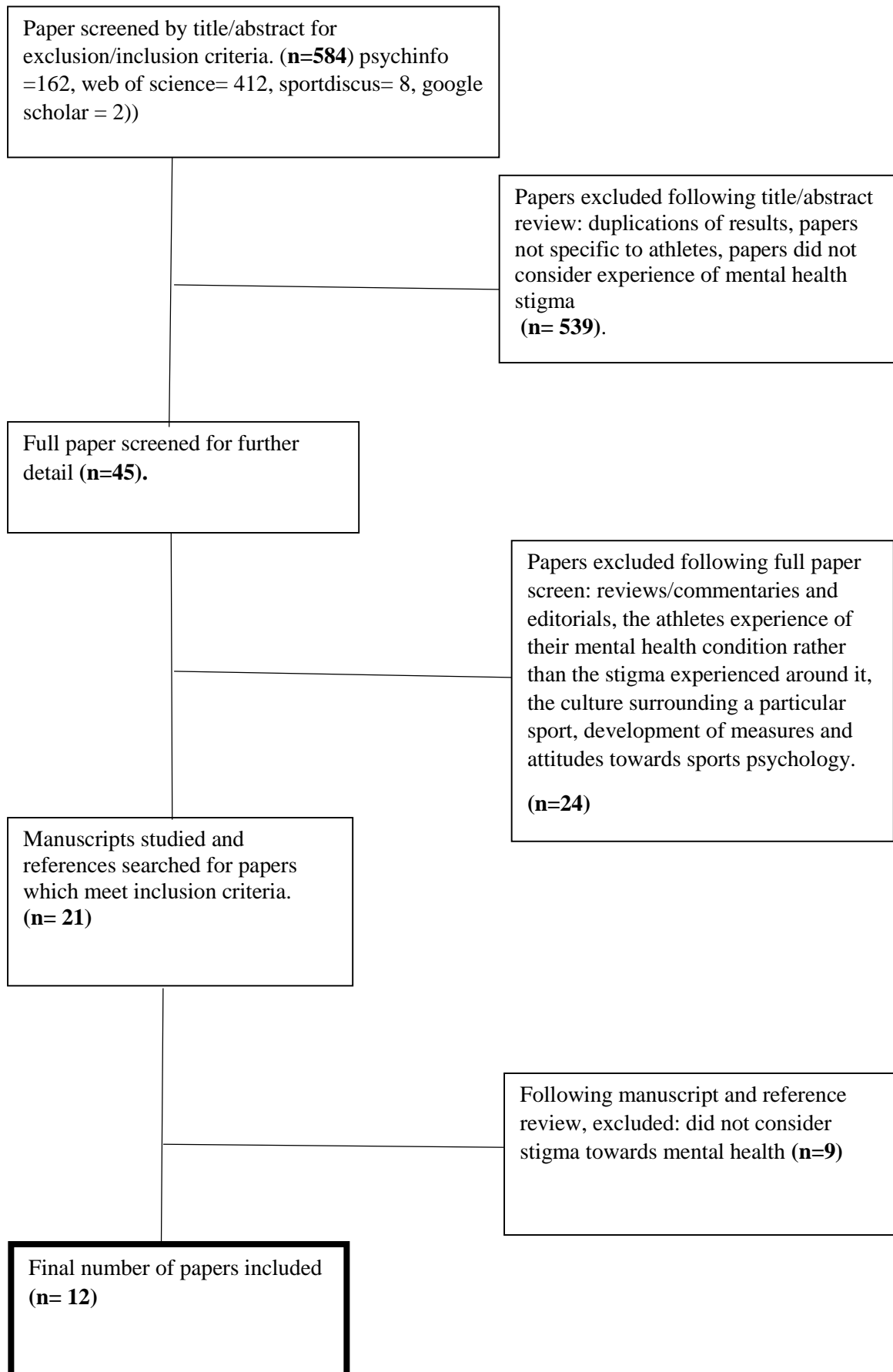
### Search strategy

The titles and abstracts of studies selected through searches were scrutinized; duplicates and articles not meeting the inclusion criteria (Table 2) were rejected at this stage. Full texts of articles meeting the inclusion criteria were retrieved and examined further. References were searched for relevant papers not found during the electronic search (Figure 1).

*Table 2: Inclusion and Exclusion Criteria*

Inclusion Criteria	Exclusion Criteria
Must look at athletes	Studies investigating eating disorder/eating attitudes/body image
Must look at experiences of mental health stigma	Reviews/commentaries or editorials
	Attitudes towards sports psychology services.

See Figure 1: Search Strategy.



## Results

A total of 12 articles were selected for inclusion. The papers were organised into groups, firstly by those that focused on attitudes and perceptions of mental health stigma more generally, which was further split into qualitative and quantitative methodologies. The next group considered athletes' attitudes towards counselling support specifically and the last group of papers examined stigma and gender roles. The main findings of the studies and how this relates to the question regarding how mental health stigma impacts on athletes was covered in the review before then going on to critique the papers. Checklists from the Critical Appraisal Skills Programme (CASP; 2017; Appendix A) and The Effective Public Health Practice Project (EPHPP; 2009; Appendix B) were referred to throughout.

The CASP checklists were developed and piloted by a group of experts, designed to be used as academic tools, assessing the methodological quality of the studies and determining the extent to which a study addressed the prospect of bias in its design, conduct and analysis. A recent survey of the CASP checklists reiterated that the format used continues to be useful and appropriate. Similarly, the EPHPP checklist provides a standardised way to assess studies, in order to provide high quality systematic reviews.

Tables 3 provides summary details of the papers' designs, findings and limitations.

*Table 3: Summary of Studies*

Author (s) /Year	Title	Aim	Participant type ((N), age, sport, nationality)	Methodology	Findings	Limitations
1. Barnard, 2016	Student-Athletes' Perceptions of Mental Illness and Attitudes Toward Help-Seeking	To examine the attitudes towards mental illness and help seeking among college student-athletes compared to college student non-athletes.	College student athletes ( $N=77$ ) and non-athletes ( $N=50$ ) (recruited from 3 North Eastern USA schools, 1) division I public school, 2) private division III college and 3) NCAA division I private university. (sample size for each school ranged from 31-49).	Quantitative, cross-sectional survey.	Student-athletes and non-athletes did not significantly vary in willingness to seek mental health treatment. Student-athletes perceived significantly less judgement toward individuals based on mental illness status. Hypothesis 1: student -athletes would score significantly higher than student non-athletes on social distance towards individuals with mental illness, reflecting a more negative view towards these individuals. No significant difference in scores was found between the two groups. Hypothesis 2: student athletes would have significantly higher amounts of perceived devaluation and discrimination towards mental illness. Counter to the hypothesis, student non-athletes had a significantly higher score than the student-athletes, suggesting they were more likely to devalue someone based on the presence of mental illness. Hypothesis3: student-athletes would have a significantly higher mean score on the ATSPPH scale, reflecting more willingness to seek mental health treatment. The result were not consistent with the hypothesis.	It is not possible to calculate the response rates as it was not possible to measure how many athletes and non-athletes knew about the study.  The sample did not have racial diversity, with no sample having any more than five individuals that identified as black.
2. Delenardo & Terrain, 2014	Suck It Up: Opinions and Attitudes about Mental Illness Stigma and Help-Seeking Behaviour of Male Varsity	To understand the attitudes and opinions of varsity football players toward mental health and help-seeking. This may contribute to a greater understanding	8 full-time male varsity football players (average age of 22 years, at a large Ontario University, Canada)	Qualitative design using phenomenological approaches to analysis one-to-one interviews	4 main themes: 1) Perceived Public Stigma, 2) Personal Stigma, 3) Social Function of Stigma, 4) Masculinity and Toughness. The authors concluded that the competitive edge required for success in elite athletics clashes with mental health issues. Components of the stigma process (labelling, stereotyping, separation, status loss,	Small sample size.  Sampling methods relied on a voluntary sample.  The study focused on football players, so could not be generalised to other sports.  The stimuli used could have been more varied.

		Football Players	of how stigma functions in a competitive, elite-level football team.			and discrimination), along with the influence of gender on stigma toward mental illness and help-seeking behaviours, are explored.	All participants were male.  Female researcher may have been a potential bias with a male research sample.
3.	Gulliver, Griffiths & Christensen, 2012.	Barriers and Facilitators to Mental Health Help-Seeking for Young Elite Athletes: A Qualitative Study	To determine what young elite athletes perceive as the barriers and facilitators to help-seeking for common mental health problems.	15 Young elite athletes (9 male, 6 female, M age 19.3 years, range from 16-23 years).	Qualitative research design, using 3 x focus groups, analysed using thematic analysis.	Themes: 1) <i>Mental Health Issues Facing Athletes</i> – performance, injuries, athletes’ appropriate behaviour, weight control, lifestyle. 2) <i>Barriers</i> – stigma, lack of knowledge about services, lack of knowledge about symptoms, negative past experience, lifestyle, personal characteristics, 3) <i>Facilitators</i> – encouragement and positive attitude of others, relationship with provider, access to internet, emotional competence, characteristics of provider and support staff.	Small sample size.  Participants were largely self-selected or invited by their coaches to participate and only a few sports were represented in the focus groups.  The structured nature of the focus groups might influence the amount of discussion produced on each topic and their responses to some extent.  Thematic analysis was conducted by one researcher.
4.	Jones, 2016	Predictors of Perceptions of Mental Illness and Averseness to Help: A Survey of Elite Football Players	To investigate the extent to which 4 sets of personal characteristics (age, race, marital status) and individual athletic - related characteristics (hyper masculinity, degree of sports injury and sport level) correlate with mental health attitudes (perception of mental illness and averseness to help).	112 Elite Male football players (50.9 % American black, 44.6% American white, 32% age 18-29 & 29.9% over 60 years). From South Eastern USA (Atlanta).	Quantitative cross-sectional survey.	The four factors related to elite football players personal and individual athletic -related characteristics – marital status (married were more likely to get help), sport level (retired players more likely to get help), hypermasculine level (more masculine = negative perceptions of mental illness) and degree of sports injury (less likely to seek help if injured) – emerged as significant predictors of athletes’ mental health attitudes.	There was a response rate of 2.4%.  The surveys were self-report.  The study used a cross-sectional research design, so causality cannot be assumed.  Generalizability was a significant concern, since this study used nonprobability sampling methods.  Using content analysis was a limitation, because it is purely a descriptive method and is therefore devoid of attempts to draw meaningful inferences.
5.	Kaier, Cromer, Johnson, Strunk &	Perceptions of Mental Illness Stigma:	To examine PPS and PS about mental health,	304 Division 1 athletes (129 women & 175 men, 16 NCAA Division 1	Quantitative cross-sectional survey	Results indicated that athletes reported greater perceived public stigma than personal stigma.	The study used a modified version of the PDD measure, which

	Davis, 2015	Comparisons of Athletes to Non-athlete Peers	comparing athletes with non-athletes. The study hypothesized that: 1) PS and PPS about mental illness would be positively correlated, 2) PPS would be significantly higher than PS and 3) athletes would experience higher PS and PPS than would a group of non-athletes.	Teams, M age = 20 years, 68% Caucasian, 20% African American, 1% American Indian, 4% Hispanic Latino/Spanish and 7% other). 103 Non-athletes (72 women & 31 men, M age 21 Athletes and non-athletes. 62.7 % Caucasian, 6.9% African American, 4.9% American Indian, 6.9% Hispanic, Latino or Spanish and 17.6% other. Southern USA, University of Tulsa.		Athletes reported significantly higher levels of stigma compared to non-athlete peers (both PS and PPS).	may of influenced participant responses. Self-report nature of the measure and potential social desirability bias.
6.	Lopez & Levy, 2013	Student Athletes Perceived Barriers to and Preferences for Seeking Counselling .	To investigate the attitudes held by student athletes regarding seeking counselling services. Exploring the barriers to seeking psychological counselling. What preferences do student have with location, racial similarity, gender, sport and age.	165 National Collegiate Athletic Association (NCAA) Division I-A and Division I-AA. (67.3 % women, age 18-26 years, 80.6 % identified as anglo/caucasian/ white. Represented 20 different sports. South Eastern USA, Mississippi State University.	Quantitative cross-sectional survey.	Several barriers to counselling were recognised including, lack of time, fear of stigma, fear teammates will find out, fear they will be considered weak.  Student athletes have strict preferences for counsellor characteristics, including familiarity with sport, gender and age. 26% indicated no age preference. Female participants indicated a stronger preference for a female counsellor.	Participants were recruited from division 1-A and 1-AA institutions. However, it was impossible to ascertain which institutions had participated and it is not permit calculation of response rates. The sample cannot be generalised to all student athletes, professional athletes.  There were more females and 81% white/Hispanic.
7.	Steinfeldt, Steinfeldt, England & Speight, 2009	Gender Role Conflict and Stigma Toward Help-Seeking Among College Football Players	To explore the relationship between GRC, athletic identity, and negative attitudes towards help-seeking among college football players	211 College football players, from four colleges in the Midwest USA. Two from the MCAA division 111 level and two in national association. M age 19.47. 70 % Caucasian.	Quantitative cross-sectional survey.	Three distinct patterns or clusters of responding to the four GRC subscales emerged. The cluster of football players that reported the highest levels of all four GRC subscales also reported significantly higher levels of athletic identity and stigma toward seeking professional psychological help. Other clusters reported lower levels of GRC, indicating a degree of heterogeneity in how football players report socialization stress related to their masculinity. College football players are a diverse group of men who define their masculinity differently.	Absence of senior footballers because of the time of year of the study and they came from lower levels of competition.  Cluster analysis is not as strictly governed by statistical regulations as some of the other analysis.

8.	Steinfeldt & Steinfeldt, 2012	Profile of Masculine Norms and Help-Seeking Stigma in College Football	To investigate the relationship between conformity to masculine norms and stigma towards seeking professional psychological help. To better understand the relationship between traditional masculine norms and help-seeking attitudes within the unique context of football.	245 College football players (4 Universities in Midwest USA). 2x NCAA Division II, 2x NCAA Division III. M age – 19.35. 68% white.	Quantitative cross-sectional survey.	Football players are a varied group of men who express their masculinity in different ways.  Results indicated the presence of three clusters, each of which presented unique combinations of conformity to masculine norms: a) <i>Non-Conforming Players</i> ; b) <i>Paradoxical Competitors</i> ; and c) <i>Highly Conforming Players</i> . Members of the <i>Highly Conforming Players</i> and <i>Paradoxical Competitors</i> clusters reported significantly higher levels of stigma toward help-seeking than members of the <i>Non-Conforming Players</i> cluster.	Cross-sectional design and convenience sampling limits the generalizability of the results.  There are no valid norms for the CMNI-46, that can be used to compare across populations.
9.	Wahto, Swift & Whipple, 2016	The Role of Stigma and Referral Source in Predicting College Student-Athletes' Attitudes Toward Psychological Help-Seeking	To examine the degree to which public and self-stigma predict help-seeking attitudes and test whether referral source would have an impact on student athletes' willingness to seek mental health help.	43 College-student athletes who were members of an organized athletic team (NCAA Division I and II) at a large university located in the northwest region of the USA (Alaska). 25% Male, 75% female. 73% white.	Quantitative cross-sectional survey.	The results indicated that public stigma and self-stigma predicted a significant proportion of variance in attitudes (66%) above and beyond gender and treatment-use history. In addition, student-athletes were more willing to seek help when referred by a family member compared with a coach a teammate or oneself.	The types of sports the athletes were from were not reported.  Small sample size which limits the generalizability of the results.  Sample were mainly female (73.7%), white (73%) and single marital status (97%). Based on self-report measures.  Nonexperimental nature of the data so causal inferences cannot be made.
10.	Watson, 2005	College Student-Athletes' Attitudes Toward Help-Seeking Behaviour and Expectations of Counselling Services	To compare attitudes towards help-seeking behaviour and expectations about counselling between athletes and non-athletes.	(N= 267) NCAA division 1-A. 135 athletes (61 M, 71 F, M age 19.1, 23 African American, 3 Asian, 106 Caucasian, 3 Hispanic) and 132 non-athletes (62 M, 70 F, M age – 20.7, 51 African American, 4 Asian, 73 Caucasian, 4 Hispanic). South Eastern University in USA.	Quantitative cross-sectional survey.	Significant differences were found between student-athletes and non-athletes on both variables – attitudes towards help-seeking behaviour and counselling expectations, including, personal commitment, facilitative conditions, and counsellor expertise. Student athletes have a less positive attitude towards help-seeking. Expectations about counselling explain a significant proportion of variance in attitudes towards help-seeking behaviour.	The convenience sample limits the generalizability of the results.  Individual self-report, interpretations based on the data are made cautiously.  Potential selection bias existed because participants were chosen from one university.
11.	Watson, 2006	Student Athletes and	To further the understanding of college	267 undergraduates (135 student athletes, M age-	Mixed methods cross-	Perceptions of counselling services held by student-athletes might	Questionnaire not standardised.



		Counselling : Factors Influencing the Decision to Seek Counselling Services.	student athletes consistent under-representation as a client group in college and university counselling centers.	19.1, 132 students, M age 20.7, 69% Caucasian) represented a variety of sports. Division I athletic programme.	sectional survey with open ended comments.	be changing. Time management continues to be a factor in not seeking counselling help for many student-athletes while perceptions of others and social stigma appear to be less important factors for student athletes than they may have been in the past. Most common responses from athletes – no need (15.3%, personal discomfort (13.3%, perceptions of others, 12.4% and time (12.4 %). Non-athletes – perceptions of others (24%0, no need 18.4%, personal reasons (12.8% and personal discomfort (10.4%. significant difference between time (more in athlete group) and perceptions of others.	Potential response bias as 30 student athlete participants failed to provide a response for the question asking for reasons why they would choose not to seek counselling for personal problems.
12.	Wood, Harrison & Kucharska, 2017	Male Professional Footballers' Experiences of Mental Health Difficulties and Help-Seeking	To provide in-depth insight into male professional footballers' lived experiences of mental health difficulties and help-seeking.	7 footballers (professional contract, experience of mental health difficulties and >18 years old). Mean age 37.2 years, ranged from 32-41 years.	Qualitative research design using interpretative phenomenological analysis.	One superordinate theme emerged; 'Survival'. This related to survival in the professional football world, of mental health difficulties and after transition into the 'real world'. Six subordinate themes are explored alongside literature pertaining to. male mental health, identity, injury, transition, and emotional development.	Represents a specific group of footballers experiences of mental health, at a time when football is starting to open up about mental health difficulties. Generalizing the findings to other sports, female footballers, countries and time periods should be done with caution and consideration.  Relied on self-identified mental health difficulties, which reduces the construct validity of the inferences made.  This may be a bias sample and reflect a subgroup that are more willing to talk about mental health, as they are volunteers.

### *Overview of studies*

Out of the 12 studies reviewed eight used a quantitative, cross-sectional survey design (Barnard, 2016; Jones, 2016; Kaier et al., 2015; Lopez & Levy, 2013; Steinfeldt., 2009; Steinfeldt & Steinfeldt, 2012; Wahto., 2016; Watson, 2005), three used qualitative approaches (Delenardo & Terrian, 2014; Gulliver, Griffiths & Christensen, 2012; Wood., 2017) and one a mixed method (Watson, 2006). (Table 3).

The participants of interest were all athletes, who ranged from being categorised as elite (2 studies), to college/student athletes (10 Studies). Five of the papers (Delenardo & Terrain, 2014; Jones, 2016; Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012; Wood et al., 2017) considered the views of footballers and the remaining seven papers represented a wide array of sports including; swimming, basketball, hockey etc. Three studies incorporated non-athletes as comparison groups (Barnard, 2016; Watson, 2005 & 2006).

The majority of studies had been carried out in the USA, with one study completed in Canada (Delenardo & Terrain, 2014), one in Australia (Gulliver et al., 2012) and one in the United Kingdom (Wood et al., 2017).

#### *Qualitative studies: The impact of mental health stigma on athletes.*

The three qualitative studies (Delenardo & Terrian, 2014; Gulliver et al., 2012; Wood et al., 2017) will first be described separately before combining information to consider mental health stigma and its impact on athletes.

#### *Delenardo and Terrain, (2014)*

This study used interviews to understand the opinions and attitudes of varsity football players towards mental health and help-seeking. Eight participants (Table 3) from a University in Canada agreed to participate in the study. They were initially asked questions about their experience of being a player in a football team, with the remainder of the interview using a

stimulus text to structure the interview and generate discussion on particular topics, such as an athlete's risk of depression.

*Gulliver, Griffiths and Christensen, (2012)*

The aim of this study was to define what young athletes perceived were the facilitators and barriers to help-seeking for mental health problems. 15 scholarship athletes (Table 3) were part of one of three focus groups, in which they discussed topics based on previous literature in this area. Participants were advised of the purpose of the groups and asked open ended and probing questions to gain insight into their views on mental health issues, the obstacles and things that enable help seeking. As well as discussion, the group involved written activities and a vignette.

*Wood, Harrison and Kucharska, (2017)*

This study aimed to provide in-depth insight into male professional footballers' experiences of mental health conditions and help-seeking in the UK. Seven individuals who had held a professional contract in football and experienced mental health difficulties were interviewed. In line with interpretative phenomenological analysis (IPA) semi-structured interviews focused on how people had perceived and made sense of their own mental health difficulties.

*The impact of mental health stigma on athletes*

All three studies highlighted the significance of the shame and stigma experienced, as barriers to help-seeking (Delenardo & Terrian, 2014; Gulliver et al., 2012; Wood et al., 2017).

Gulliver et al's (2012) study used prior codes to conduct thematic analysis, focusing on three main areas; mental health issues affecting athletes, barriers and facilitators. This suggested stigma was the most dominant barrier (reported 44 % of the time), predominantly related to embarrassment when seeking help, more present when seeking help for mental health issues versus sport-related support. Furthermore, Wood et al's (2017) study reported a superordinate

theme of 'survival', in which participants discussed the notion of the fittest and strongest surviving and perceiving signs of emotional vulnerability as threats to survival as professional footballers.

Delenardo and Terrain's (2014) study proposed a first theme called Perceived Public Stigma (PPS) which viewed mental illness as a reflection of a weak character. These high levels of perceived stigma towards help-seeking were additionally found in Gulliver et al's (2012) study in which participants were also concerned about people in their sport finding out about their mental health support and again them being perceived as 'unable to cope'. In Delenardo and Terrain's (2014) study the participants speculated that these views could be partly because of social expectations that individuals who cope with vast amounts of physical distress should have comparable mental strength. Gulliver et al's (2012) study contained an important consideration that athletes were anticipated to act differently and be more disciplined than the general public, which may have had implications for how they were expected to deal with mental illness and possibly help-seeking behaviours.

However, participants in all three studies mentioned that disclosure to their friends and family was viewed as being a positive source of support and not stigmatizing. Wood et al's (2017) participants described similar experiences of more formal support, when this had been accessed. Participants considered how the media had a role in determining the public's views on an athlete seeking help for mental health problems, which exacerbated issues for them (Gulliver et al., 2012). However, when athletes shared their stories this was received in a positive way. Participants in Gulliver et al's (2012) study appeared to be accommodating of others' mental health, which may reflect a genuinely lower stigmatising attitude towards others, whilst maintaining a strong sense of internalised bias. On the other hand, Delenardo and Terrain's, (2014) study highlighted that mental illness was thought to be used as an excuse in certain situations, such as a lack of will to train.

Reports from Gulliver et al's (2012) study implied that athletes had high levels of self-stigmatising attitudes. Correspondingly, within Delenardo and Terrain's (2014) study they proposed a second theme of personal stigma (PS), which posed a threat to in-group status. Similarly, Wood et al's., (2017) study indicated a fear of peer rejection and highlighted a level of stigma and intolerance to mental health within the football world. Rejecting a peer with mental illness was seen as a survival strategy (Delenardo & Terrain, 2014), which permitted abuse of others. Several parts of the stigma process were alluded to within the data in Delenardo and Terrain's (2014) study such as, stereotyping, labelling, separation, discrimination and status loss. These processes left participants feeling that they lacked a safe containing space to share their experiences and contributed to a sense of feeling trapped. This lead onto seeking escapism, such as drinking alcohol, gambling, promiscuous relationships, aggression, withdrawal and even contemplating suicide (Wood et al., 2017).

The alpha male status was also discussed (Delenardo & Terrain, 2014); high mental strength was attributed to the players that play through injury. They discussed how the "tough guy" embodies the culture of American football and they described a concept of "performing" through physical pain on the field, which then extended to the idea of performing through mental health problems too. Additionally, Wood et al (2017) study described the footballers 'outward show', fuelled by a perceived pressure to be tough and cope. They described a constant challenge and fight in order to be selected or get the next contract (Wood et al., 2017).

*Quantitative: The impact of mental health stigma on athletes.*

The three quantitative studies (Barnard, 2016; Kaier et al., 2015; Wahto et al., 2016) that focus specifically on mental health stigma will first be described separately before combining information to consider the review question.

*Barnard, (2016)*

This study aimed to study the attitudes towards mental illness and help seeking among college student athletes ( $N=77$ ) and non-athletes ( $N=50$ ). Participants answered questions from three separate scales: the devaluation-discrimination Scale (DDS; Link, 1987; with revisions from Eisenberg, Downs, Golberstein & Zivin, 2009), the social distance scale (SDS; Martin, Pescosolido & Tuck, 2000), the athletic identity measurement scale (AIMS; Brewer and Cornelius, 2001) and the attitudes towards seeking professional psychological help scale (ATSPPHS; Fischer & Turner, 1970).

*Kaier, Cromer, Johnson, Strunk and Davis, (2015)*

This study aimed to examine perceived public stigma (PPS) and personal stigma (PS) about mental illness, comparing athletes from 16 NCAA Division 1 teams ( $N=304$ ) with non-athletes ( $N=103$ ). Participation involved completing the perceived discrimination devaluation scale (PDDS; Link, 1987).

*Wahto, Swift and Whipple, (2016)*

The purpose of this study was to examine the degree to which public- stigma (PS) and self-stigma (SS) predict help-seeking attitudes, and examine whether referral source would have an impact on student athletes' compliance to seek mental health help. 43 college student athletes participated (Table 3), completing the inventory of attitudes towards seeking mental health services IASMHS questionnaire (Mackenzie, Knox, Gekoski & Macaulay, 2004) and two measures of stigma, one of public stigma (Stigma Scale for Receiving Psychological Help (SSRPH); Komiya, Good & Sherrod, 2000) and one for self-stigma (Self-Stigma of Seeking Help Scale (SSOSH; Vogel, Wade & Haake, 2006), both regarding professional help seeking.

*The impact of mental health stigma on athletes.*

Both Wahto et al's (2016) and Kaier et al's (2015) studies considered public and personal stigma explicitly.

Kaier et al's (2015) study found a significant positive correlation between perceived and personal stigma ( $r=.29, p<.001$ ), supporting the notion that higher PPS is associated with higher levels of PS regarding mental health. A paired samples t-test revealed that the mean of PPS was significantly higher than the mean of PS ( $t(278) = 4.52, p<.001$ ), which may have an impact on whether people feel able to access psychological help for fear of negative judgement. A multivariate analysis of variance (MANOVA) was carried out, to compare how the athletes and non-athletes experienced PS and PPS. The difference between the two group scores on these variables was significant ( $F(2,372)= 174.53, p<.001$ .) and showed that athletes had higher levels of PS and PPS than non-athletes.

Wahto et al's (2016) study also suggested that PS and SS predicted a significant proportion of variance in psychological help-seeking attitudes (66%), with PS uniquely explaining 8.64% and SS explaining 31.6% of the variance. These results indicate that stigma (particularly self-stigma), may be an important factor to consider when regarding psychological help-seeking. Although, the theoretical model by Corrigan, (2016) suggested that self-stigma originates in public stigma.

Wahto et al., (2016) conducted a repeated measures Analysis of Variance (ANOVA) to compare participant responses between the four referral conditions, indicated below. Overall, a significant difference in responses was found, ( $F(3, 42) = 11.75, P <.001$ ) with post-hoc analyses showing student athletes were more willing to seek help when referred by a family member compared with a coach, a teammate or self-referral, but there were no significant differences found between the other three conditions. This may suggest that student-athletes

view coaches and teammates as barriers to seeking professional psychological help (as well as sources of support), possibly in fear of being identified as ‘weak’ (Reardon & Factor, 2010).

Barnard’s (2016) study did not consider public and perceived stigma overtly and, contrary to predictions, showed that student-athletes and non-athletes did not differ significantly in their willingness to seek mental health treatment. The first hypothesis stated that athletes would have a higher score on the SDS, reflecting a more negative view towards individuals with mental illness. The result of a t-test comparing overall means, between student-athletes ( $M=12, SD=3.30$ ) and student non-athletes ( $M=13.08, SD=3.57$ ) were not significant ( $t(125)=-.91, p=.37$ ), thereby failing to confirm the hypothesis. Similarly, a second hypothesis stated that athletes would have a significantly more discriminatory attitude towards others with mental illness. However, another t-test ran counter to predictions, and found that student non-athletes were more likely to undervalue someone ( $t(125) = 2.51, p=.01$ ).

Additionally, a multiple regression had mixed results across the sample and within each school (Table 3), regarding expected social distance and perceived evaluation as predictors of readiness to seek psychological treatment. Multiple correlation coefficients for the overall sample showed that approximately 12% of the variance of the ATSPPH scale can be accounted for by the combination of the; SDS, DDS, AIMS and gender. This means that attitudes and negative expectations towards mental illness, athletic identity and gender account for a significant proportion of the help-seeking attitudes. In school 3, the DDS measure was a significant predictor of attitudes towards help seeking and in school 1 none of the variables used in the regression equation were significant predictors. Hence, the majority of the results do not back the hypotheses, with some rare exceptions. It might be expected that there would be differences in these results due to the range of school settings (Table 3).



*Attitudes Towards Counselling*

Three papers (Lopez & Levy, 2013; Watson, 2005 & Watson, 2006) that focus on athletes seeking counselling support will be described separately before combining information to consider the review question.

*Lopez and Levy, 2013*

This study aimed to investigate the attitudes held by student-athletes ( $N=165$ ) regarding seeking counselling services. Participants (Table 3) answered questions from two questionnaires, firstly the Barriers to Help Seeking Checklist (BHSC; Givens and Tjia, 2002) and secondly a Counselling and Psychotherapy Preferences Questionnaire (CAPPQ; Smith, 2005).

*Watson, 2005*

The purpose of this study was to identify the factors that predict help-seeking behaviours and expectations about counselling among college student-athletes ( $N=135$ ) and non-athletes ( $N=132$ ) (Table 3). The participants completed the Expectations About Counselling-Brief Form (EAC-B; Tinsley, 1982) and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970).

*Watson, 2006*

This mixed method design examined the attitudes towards seeking counselling services through the results of a survey of 267 undergraduates, comprising athletes ( $N=135$ ) and non-athletes ( $N=132$ ). A questionnaire was developed for the study which included open-ended questions regarding reasons for not seeking counselling/support services for personal problems.

*The impact of mental health stigma on athletes*

Lopez and Levy's (2013) study used a one-sample t-test to compare the mean responses on each item on the BHSC (Givens & Tjia, 2002), with the overall mean. Three out of the four identified significant barriers from the BHSC, were related to stigma, such as, fear they will be considered weak, fear teammates will find out they are in treatment or fear of stigma for seeking services. The results suggest that student athletes avoided seeking counselling due to the societal stigma accompanying being considered mentally unhealthy or being labelled as mentally ill.

Both of Watson's (2005; 2006) studies compared groups of athletes and non-athletes and found differences between the groups. Watson (2005) used a MANOVA, which found significant differences in attitudes towards help-seeking behaviour between athletes and non-athletes,  $F(1,265) 6.27, p < .05$ . Student-athletes were also shown to have less positive attitudes towards counselling support than their non-athlete peers ( $F(1, 265) 8.89, p < .01$ ), which the study suggested may contribute to the underutilization of services. Watson's (2006) study also found differences in barriers to seeking counselling, between groups of athletes and non-athletes. However, these were opposite results to his study a year previously. The rating of participants on 'perceptions of others' was recorded in 12.4% of the athlete sample and 24% of the non-athlete sample. This response was most likely associated with any perceived stigma and was reported significantly more frequently in the non-athlete group,  $X^2(1, N=230)=-2.23, p=.013$ .

*Gender Roles*

Three papers (Jones, 2016; Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012) that focused on gender roles and stigma will be described separately before combining information to consider the review question.

*Jones 2016*

This study aimed to investigate the extent to which a set of personal characteristics (age, race and marital status) and individual athletic-related characteristics (hypermasculinity, degree of sport injury and sport level) correlated with elite football players' ( $N=112$ ) mental health attitudes. The attitudes scale for mental illness (ASMI; Ng & Chan, 2000), the Inventory of Attitudes Towards Seeking Health Services (IASMHS; Mackenzie, Knox, Gekoski, Macaulay, 2004) and Athletes' Perception of Masculinity Scale (APMS) were administered to the football players in the USA.

*Steinfeldt, Steinfeldt, England and Speight, 2009*

This study aimed to explore the relationship between Gender Role Conflict (GRC), athletic identity and negative attitudes towards help-seeking amongst college football players ( $N=211$ ). Participants completed three measures; the Gender Role Conflict Scale (GRCS; O'Neil et al., 1986), Athletic Identity Measurement Scale (AIMS; Brewer & Cornelius, 2001) and the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good & Sherrod, 2000).

*Steinfeldt and Steinfeldt, 2012*

The aim of this study was to better understand the association between masculine norms and help-seeking attitudes within football. The initial aim was to explore conformity to traditional masculine norms among football players ( $N=245$ ) by completing the Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009). The second goal was to determine whether these profiles were related to players' attitudes towards help-seeking. In order to do this, the researcher assessed the clustered profiles with the stigma surrounding help-seeking, measured using the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006).

*The impact of mental health stigma on athletes*

All three studies (Jones, 2016; Steinfeldt et al., 2009; Steinfeldt et al., 2012) showed that greater conformity to masculine norms (or higher levels of GRC) was related to increased stigma towards seeking psychological help. Jones' (2016) study showed this through higher scores on the APMS and found four factors (marital status, sports level, degree of sports injury and hypermasculinity) emerged as significant predictors in averseness to seek help. Only one of these factors, increased hypermasculinity, was associated with negative perceptions of mental illness.

Both Steinfeldt et al., 2009 and Steinfeldt & Steinfeldt, 2012 used cluster analysis to analyse their data and within both studies three clusters emerged that represented distinct patterns on the variables measured. The initial analysis of Steinfeldt et al., (2009) showed that GRC was significantly correlated with stigma ( $r=.21$ ,  $p=.002$ ) and athletic identity ( $r=.40$ ,  $p<.001$ ). Stigma was also correlated with athletic identity ( $r=.22$ ,  $p<.001$ ), demonstrating that players who more strongly identified with the athletic role also recognised greater stigma related with seeking professional help.

Within Steinfeldt et al's (2009) study three distinct clusters were formed from the GRCS variables. Cluster 1: *Gridiron Warriors(GW)*: reported the highest score on GRC, which may indicate a more stereotypical expression of masculinity. Cluster 2: *Emotionally Expressive Competitors(EEC)*: this group was characterised by valuing success but not restricting their emotional or affectionate behaviour. Cluster 3: *Winning Isn't Everything (WIE)*: This group reported the lowest scores on all variables.

Similarly, the study by Steinfeldt and Steinfeldt (2012) also revealed three clusters. Players in the first cluster, *non-conforming players(NCP)*, reported some of the lowest levels of conformity to masculine norms. On the other hand, the third cluster, *highly conforming*

*players(HCP)*, suggested that some of these norms of masculinity do function within the football setting. This cluster recorded the highest levels in 6/9 subscales and also contained more members from a higher level of play, which may more readily endorse traditional masculine norms. The second cluster, *paradoxical competitors(PC)* was the largest cluster and comprised of varied levels of conformity to masculine norms, while reporting levels of stigma towards help-seeking that were statistically significantly higher than the scores of NCP. They conformed to pressures to win, yet also endorsed low levels of risk-taking. Neither the PC or HCP significantly differed on athletic identity or stigma towards seeking professional psychological help.

Across both studies, the *Gridiron Warriors* (Steinfeldt et al., 2009) and the *highly conforming players* (Steinfeldt & Steinfeldt, 2012) were groups that reported high levels of athletic identity and stigma, which may include a more stereotypical expression of masculinity and a more stigmatising view of psychological help-seeking.

A MANOVA showed statistically significant multivariate effects between the GRCS variables and the cluster groups in the Steinfeldt et al., (2009) study. Follow-up univariate results indicated cluster 1 had significantly higher scores than both cluster 2 and 3 on all four GRCS subscales,  $p=.007$ . This shows that almost half of the sample were consistent with descriptions of hegemonic masculinity, conforming to rigid stereotypic male gender norms, perhaps due to their socialization within the framework and values of football.

Another MANOVA was conducted which showed there were statistically significant differences between clusters on stigma and athletic identity. Tukey post hoc comparisons indicated that cluster 1 showed significantly greater levels of athletic identity than 2 ( $p<.001$ ) and 3 ( $p<.001$ ). Also cluster 1 reported significantly higher levels of stigma than 2 ( $p=.005$ ). These results from this study (Steinfeldt et al., 2009) indicate that individuals in cluster 1

maybe a group that are in danger of experiencing adverse outcomes associated with GRC, such as reduced help-seeking, for fear of stigma.

Both studies (Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012) suggested that football players are a heterogeneous group of men, who show their masculinity in different ways. Approximately half the participants in these samples did not report difficulties with emotional expression and displaying affection towards others. However, the football players with higher levels of GRC reported higher levels of athletic identity and stigma towards help-seeking. This provides support for the idea that some student-athletes may view help-seeking as stigmatising and perhaps a sign of weakness.

Contrasting to expectations, Jones' (2016) study showed that the elite footballers generally reported hypermasculinity concurrent to positive attitudes about mental illness and low levels of aversiveness to help seeking. So, it is possible that athletes' adherence to hypermasculine norms may not be constant and ultimately, hypermasculinity does not automatically negate type of mental help-seeking behaviours.

### **Methodological Considerations**

Next all of the studies reviewed will be critiqued, considering any limitations in the design used, measures included, sample and analysis. Quantitative and qualitative designs will be examined separately.

#### **Quantitative Designs**

##### *Design*

Out of the nine quantitative studies reviewed, eight used a cross-sectional survey design and one used a mixed methodology. The studies did not use true experimental designs and therefore, no causal links can be inferred within these studies and they did not include a control group which means that inferences about levels of mental health stigma or

psychological help-seeking are limited and alternative explanations of the results cannot be completely ruled out.

### *Outcome Measures*

A variety of outcome measures were utilised by the studies in this review (Table 3). All nine studies used self-report measures to gather data regarding attitudes, identity, stigma, barriers to help seeking, expectations and perceptions of masculinity. It is important to note that self-report responses cannot always be translated to actual behaviour and may have the potential for social desirability bias, as the true intentions of the individual will never be completely known. However, to gather information directly from the individual, this is likely to be the most effective way of gaining this inside knowledge on their views. A few studies included the same measure; the ATSPPHS was used to measure attitudes toward help-seeking within Barnard's (2016) and Watson's (2005) studies, levels of self-stigma towards seeking help were measured using the SSOSH within Steinfeldt and Steinfeldt's (2012) and Wahto et al's (2016) studies and the IATSMHS was completed in both Jones (2012) and Wahto et al's (2016) studies. All measures were reported to hold high levels of reliability and validity, but six measures (AIMS: Brewer & Cornelius, 2001; ATSPPHS: Fischer & Turner, 1970; DDS: Link, 1987; BHSC; Givens & Tjia, 2002; CAPPQ: Smith, 2005; EAC-B: Tinsley, 1982) did not mention validity.

Three studies used a modified version of measures; Kaier et al's (2015) and Barnard (2016) adapted the language in the PDD and DDS to be less stigmatising and Lopez (2013) created additional items in the BHSC (Givens & Tjia, 2002) from the existing literature on student athletes. Although, some of the modifications were recommended from previous studies (i.e. Eisenberg et al, 2009) we should cautiously consider the resulting levels of reliability and validity in these measures. A further limitation of the questionnaires used in Watson's (2006)

and Steinfeldt and Steinfeldt's (2012) studies was that they were not standardised and there were no established norms that could allow for comparison across populations. In addition, a limited description of the questionnaire within Watson's (2006) study was covered within the write-up, which reduced its replicability.

### *Sample*

All of the nine quantitative studies were carried out in the USA, four in southern states (Kaier et al., 2015; Lopez & Levy, 2013; Watson, 2005 & 2006), one in the north east (Barnard, 2016), one in Alaska (Wahto et al., 2016) and two in the midwest (Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012). This may limit generalizability to specific parts of the USA. Similarly, cultural norms at each of the institutions may have also affected the results. Five of the papers considered the views of participants from various sports (Barnard, 2016; Kaier et al., 2015; Lopez & Levy, 2013; Wahto et al., 2016; Watson, 2005 & 2006) and the other three papers focused on footballers (Jones, 2016; Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012). The studies that covered a range of sports, did not record athletes' responses based on the type of sport. It may have been valuable to see how these responses differed across sports.

Only one study (Jones, 2016) used professional American football players, the other studies drew on participants from a range of university/college levels. Levels of stigma may exist in differing amounts across these different leagues and divisions. Steinfeldt et al., (2009) study had an absence of senior football players in the sample, because when the survey was distributed they were away on a break. While GRC may also be an issue for this group, this may have been a heightened issue for increasingly elite athletes.

The studies all used volunteer samples, which were often recruited through a coach or sports administrator or by approaching them during training. Therefore, these participants might



represent a subgroup of that population; it may be that the student-athletes with the most negative attitudes towards seeking help were less willing to participate in this type of study, for fear of sharing their views. Also, the convenience samples (Barnard, 2016; Watson, 2005 & 2006) used to obtain a comparison group of non-athlete students could limit the generalizability of the results, as these are highly vulnerable to selection bias, which may then only represent a section of the population. Furthermore, Jones (2016) used a snowballing sampling technique to gather additional data. This can be subject to numerous biases, due to for instance, the recruitment of friends, who may be more likely to have similar beliefs.

The sample sizes across studies varied from 43 -304, with Wahto et al's (2016) study containing the smallest sample ( $N=43$ ). Some studies considered the response rate, which was considerably lower (2.4%) in Jones' (2016) study and (25%) in Lopez and Levy's (2013) study. A couple of other studies (Barnard, 2016; Wahto et al., 2016) did not give a precise figure on response rate, but estimated it was low considering the size of the overall school/university and the quantity of returned questionnaires.

The majority of the studies (apart from Jones, 2016) included predominantly white participants (ranging from 67-80%). However, the Jones (2016) study contained a sample that mostly identified themselves as black (50%). These studies lack racial diversity which limits the generalisability of the findings. The majority of the studies included comparable male and female participants. However, in Lopez and Levy's (2013) study there was an unequal sample with respect to gender (females outnumbered males 2 to 1) and three of the studies (Jones, 2016; Steinfeldt et al., 2009 and Steinfeldt & Steinfeldt, 2012) only included male football players.

### *Analysis*

Most studies aimed to be exploratory and because of this were partial in their control of extraneous variables. The majority of the studies used appropriate statistical analyses, however one study (Watson, 2006) provided no description of the analysis used apart from the results. There were also limitations for two of the studies (Steinfeldt et al., 2009; Steinfeldt & Steinfeldt., 2012) as they adopted a cluster analysis, which allowed the researcher greater interpretation of the results, as this is not as strictly governed by statistical regulations. Also, statistically significant difference in stigma between clusters in Steinfeldt and Steinfeldt's (2012) study was accompanied by a relatively low effect size ( $n^2=.05$ ) and therefore these results should be approached with caution. However, this analysis does stand as the most appropriate way to begin an analysis in this area.

Only one study (Jones, 2016) reported information on the power calculations; Jones (2016) reported that to reach a power of 0.80 a sample of 100 had to be attained, which they did achieve ( $N=112$ ). All studies used a suitable level of significance.

The main limitations were the limited control of confounding variables, such that causality cannot be determined.

## **Qualitative Designs**

### *Design*

Two of the qualitative studies used individual interviews to gather their data (Delenardo & Terrain, 2014 and Wood et al., 2017). The stimulus text also used in Delenardo and Terrain's (2014) study, although an approach that has its strengths in eliciting discussion around issues that can otherwise be difficult to access, also may have been limiting, by influencing participants' perceptions. Similarly, the structured nature of the focus groups in Gulliver et al's (2012) study might have again restricted the amount of discussion on each topic.

Another factor to consider was that the gender of the researcher in Delenardo and Terrain's (2014) study was female, which might have resulted in a bias in responses given by the male sample. However, several participants did note that, if the researcher had been male, they would have been less likely to express opinions about sensitive topics.

### *Sample*

One study (Delenardo & Terrain, 2014) was completed in Canada, one (Gulliver et al., 2012) in Australia and one (Wood et al., 2017) in the United Kingdom. A limitation of all three studies (Delenardo & Terrian, 2014; Gulliver et al., 2012; Wood et al., 2017) was that they all used small samples (7,8,15), however, data saturation appeared to be achieved within Delenardo and Terrian's (2014) and Gulliver et al., (2012) study, with repetition of key themes. Additionally, the sampling methods in all three studies may have limited diversity due to relying on volunteers, which may represent a subgroup of that population, such as those that are more open to talking about mental health.

The three studies did not include a range of sports, with Delenardo and Terrain's (2014) study focusing just on male American football players. Wood et al's (2017) focused on male football players in England and Gulliver et al's (2012) study included participants from two sports (which were unidentified to protect identity). Certain types of sports may be more inclined to hold particular attitudes and align with certain subcultural norms (Tibbert, Anderson & Morris, 2015). Future research could aim to expand the sample to a larger range of sports and include more females, as two of the studies only recruited males (Delenardo & Terrain, 2014; Wood et al., 2017).

### *Analysis*

All three of the studies described using a different type of analysis. Gulliver et al., (2012) completed thematic analysis using a single coder, and although this procedure can generate

valid interpretations, bias may be introduced with only one coder. Both Delenardo and Terrain (2014) and Wood et al., (2017) paid attention to reflexivity and inter-rater reliability of coding and themes to encourage rigour; by encouraging two coders to agree on themes (Delenardo & Terrain, 2014) and by completing a bracketing interview to identify and explore pre-existing beliefs (Wood et al., 2017).

### **Synthesis of Results**

To summarize, the majority of the papers suggested that mental health stigma was a significant factor that impacted on levels of shame and fears of being rejected, which ultimately affected athletes' level of psychological help seeking. Athletes reported not wanting others to judge them as weak/unable to cope (Gulliver et al., 2012) not showing their emotional vulnerabilities (Wood et al., 2017; Lopez et al., 2013) and performing through mental health problems (Delenardo et al., 2014). However, the structured nature of both the focus group in Gulliver et al's (2012) study and Delenardo & Terrain's (2014) stimulus text within interviews, may have steered discussion to certain topics and restricted dialogue in other areas. Both Wood et al (2017) and Delenardo et al's (2014) studies although focusing on football players, were crucial papers in gaining further knowledge into the experience of mental health conditions for athletes and how their own reactions, as well as those of others, continued to influence their lives. The rigorousness of these designs were increased by paying adequate attention to reliability.

Kaier and colleagues' (2015) study used the largest sample within the review and was a key paper that considered the interaction of various types of stigma. This study, together with Wahto et al's (2016) study showed that athletes had higher rates than non-athletes in both personal and public stigma, which predicted a large proportion of help seeking attitudes (65%) (Wahto et al., 2016). Athletes were also shown to have less positive attitudes towards

counselling support than their non-athlete peers, which affected their use of services (Watson, 2005).

There were many factors that may have reduced the reliability of several of the study's findings. Particularly, that none of the studies utilised true experimental designs and as participants were not randomised we cannot be certain about causality. Also, there was queries regarding the reliability and validity of some of the outcome measures used.

Additionally, all studies also used a volunteer sample and many of the studies were carried out in the USA and lacked racial diversity, which may limit generalizability of the findings.

The studies focusing on gender roles (Jones, 2016; Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2012) reported that male American footballers were generally a heterogeneous group that expressed themselves in differing ways, but individuals that had increased conformity to masculine norms showed increased stigma towards mental illness and psychological help seeking. These three papers gave an insight into the unique world of American football, but caution should be applied when associating these findings with any other sports. Some weaknesses of Jone's (2016) study was that a snowballing sampling technique was utilized to gather participants and the response rate of 2.4% was considerably low, which may of been subject to bias. Furthermore, both Steinfeldt et al (2009) and Steinfeldt & Steinfeldt, (2012) studies applied a cluster analysis which had its limitations due to greater possible interpretation of the results.

Contrastingly, there were also some opposing results from a couple of studies. Watson's (2006) study indicated that athletes experienced less stigma than non-athletes when considering their perception of how others viewed them seeking counselling support and Barnard's, (2016) study suggested that the group of non-athletes were more likely to devalue someone with mental illness than the athletes in the study. However, Watson's (2006) study

provided limited description of its questionnaire and analysis within its write up and Barnard's (2016) study gave no information on response rates, both factors which may reduce their credibility.

### **Clinical Implications**

Stigma generally appears to be a significant factor impacting on the individual's decisions to seek mental health support, potentially affecting athletes' wellbeing. Therefore, services could improve uptake through education that reduces both the stigma and prejudices towards mental illness and creates a culture that conveys messages of acceptance, support and the promotion of mental wellness. Considering the stigma theory (Corrigan, 2016), self- stigma explained a greater portion of unique variance in attitudes, than public stigma, but this self- stigma was thought to originate in public stigma. Thus, efforts to improve attitudes in student-athletes, might be most effective if they focus first on public stigma; targeting individuals who enter into those sporting settings as both athletes and staff.

It would be important that key people in this environment (i.e coaches etc.) were either trained in the basics of mental health or selected based on their knowledge and interest in this area, as well as their ability to openly consider the impact of these conditions on their athletes. Also, media campaigns using current athletes who are willing to speak up about their own experiences of mental distress, may have a stronger influence on athlete specific stigma. Likewise, building communication with family members may be a helpful step for initial engagement and continuation of this support.

The studies suggested that groups of sports people, (such as American footballers) can include a diversity of characteristics and experience a range of levels of stigma, which then go on to impact on how the athletes behave and react to mental illness. Therefore, although important to be aware of certain sporting cultures, it is also vital to not associate particular

sports with certain stereotypes, as this might not always be the case. Instead, sporting environments could be targeted as a whole; increasing the knowledge and time to talk about mental health, in a way that encourages athletes and other members of the sporting setting to share, without judgement.

### **Future research**

It is worth noting that the majority of studies in the review were conducted in the USA, limiting the findings generalisability. More research worldwide, including the UK (as only one study in the review was UK based) would increase the span of knowledge in this area. Also, nearly half of the sports people were male footballers, therefore it would be beneficial to gain some additional information into stigma experienced in various other sporting groups and genders. This would then consider how other sporting cultures contribute both positively and/or negatively to levels of mental health stigma. Additionally, all samples apart from one, included a majority of white participants, future studies should aim to include a wider range of cultures.

The presented studies indicate certain preliminary themes, that could possibly be further explored in future research. However, due to the studies not being true experiments, more robust research is required, using standardised assessment tools, larger samples and control groups. Future research might aim to decipher what levels or types (personal or public) of mental health stigma are great enough to influence an individual's decision to not seek treatment for their psychological distress. Furthermore, research should consider the influence of various other factors that may contribute to an athletes' denial of mental distress. Sport psychology is another big area of psychological support on offer to athletes (which was not within the scope of this review). This is an area where there is often 'blurred lines' between sports performance and mental health related support. It would be interesting to

consider differences in stigma towards these two types of support and reasons why this variance might exist.

### **Conclusions**

This review has summarised and reviewed the literature available on the impact of mental health stigma on athletes. On balance, there appears to be a higher level of mental health stigma within athlete populations, which appeared to be regarding the fear of how they would be devalued by others and how that may impact on their sporting chances. This further encouraged individuals to perform through illness and not always seek support. However, there were also a few papers that had contrasting outcomes. To be more confident on some of the outcomes, increasing the amount of both exploratory and more robust research in this area would help firm up some conclusions.

Although it appears that sport is starting to open up about mental health, this is still in its infancy. The impact of existing stigma greatly affects how athletes, coaches and teammates respond to psychological distress in themselves and others and therefore maybe a powerful factor to consider when wanting to get people the correct help. This will be harder to achieve in some sporting arenas than others, as it may be associated with shifting even broader concepts regarding identity, masculinity and sporting cultures.



## References

- Abdullah, T., & Brown, T. (2011). Mental illness stigma and ethnocultural beliefs, values and norms. An integrative review. *Clinical Psychology Review, 31*, 934-938. doi: 10.1016/j.cpr.2011.05.003
- Abram, K. M., Paskar, L. D., Washburn, J. J., & Teplin, L. A. (2008). Perceived barriers to mental health services among youths in detention. *Journal American Academic Child Adolescent Psychiatry, 47*, 301-308
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist, 58*, 5-14
- Baum A, L. (2005). Suicide in athletes: a review and commentary. *Clinical Sports Medicine, 24*, 853-69
- Barnard, J. D. (2016) Student-athletes' perceptions of mental illness and attitudes toward help-seeking, *Journal of College Student Psychotherapy, 30*, 161-175, DOI: 10.1080/87568225.2016.1177421
- Bauman, N. J. (2016). The stigma of mental health in athletes: are mental toughness and mental health seen as contradictory in elite sport. *British Journal of Sports Medicine, 50*, 135-136. doi:10.1136/bjsports-2015-095570
- Biddle, L, Donovan, J, Sharp, D, & Gunnall, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Social Health Illness, 29*, 983-1002
- Brewer, B. W., & Cornelius, A. E. (2001). Norms and factorial invariance of the Athletic Identity Measurement Scale (AIMS). *Academic Athletic Journal, 15*, 103-113
- Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychology, 59*, 614-625

- Corrign, P. W. (2016). Lessons Learned from unintended consequences about erasing the stigma of mental illness. *World Psychiatry, 15*, 67-73
- Corrign, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health, 6*, 537-548.  
doi.org/10.1080/09638230400017004
- Corrign, P. W., Watson, A. C., & Barr, L. (2006). The self-stigma of mental illness: implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology, 25*, 875-884, doi: 10.1521/jscp.2006.25.8.875
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., and Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies, *Psychological Medicine, 45*, 11-27
- Critical appraisal skills programme (2017). *CASP. Qualitative checklist*. Oxford: Public Health Resource Unit. Available at:  
[http://docs.wixstatic.com/ugd/dded87\\_25658615020e427da194a325e7773d42.pdf](http://docs.wixstatic.com/ugd/dded87_25658615020e427da194a325e7773d42.pdf)
- Critical appraisal skills programme (2017). *CASP. Cohort study checklist*. Oxford: Public Health Resource Unit. Available at:  
[http://docs.wixstatic.com/ugd/dded87\\_5ad0ece77a3f4fc9bcd3665a7d1fa91f.pdf](http://docs.wixstatic.com/ugd/dded87_5ad0ece77a3f4fc9bcd3665a7d1fa91f.pdf)
- Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health, 16*, 459-470.  
doi: 10.1080/09638230701482394

- Delenardo, S., & Terrion, J. L. (2014). Suck it up: opinions and attitudes about mental illness stigma and help-seeking behaviour of male varsity football players. *Canadian Journal of Community Mental Health, 33*, 43–56. doi: [org/10.7870/cjcmh-2014-023](http://dx.doi.org/10.7870/cjcmh-2014-023)
- Department of Health (DOH; 2011). *No Health without Mental Health; a cross government mental health outcomes strategy for people of all ages*. London: Department of Health
- Effective Public Health Practice Project (EPHPP; 2009). Quality assessment tool for quantitative studies. Accessed December 15, 2014, from <http://www.ehpp.ca/tools.html>
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care research and Review, 66*, 522-541
- Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*, 79–90. doi:10.1037/h0029636
- Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine, 77*, 918-921. DOI:10.1097/00001888-2002090000-00024
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry 12*, 157. doi:10.1186/1471-244X-12-157
- Gulliver, A., Griffiths, K. M., Mackinnon, A., Batteham, P. J., & Stanimirovic, R. (2015). The mental health of Australian elite athletes. *The Journal of Science and Medicine in Sport, 18*, 255-261. DOI: <http://dx.doi.org/10.1016/j.jsams.2014.04.006>
- Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal, 26*, 91-108. doi:

10.1111/j.1471-1842.2009.00848.x

Green, S.L., & Weinberg, R.S. (2001). Relationships among athletic identity, coping skills, social support, and the psychological impact of injury in recreational participants. *Journal of Applied Sport Psychology, 1*, 40-59

Hartman, L. I., Michel, N. M., Winter, A., Young, R. E., Flett, G. L., & Goldberg, J.O. (2013). Self-stigma of mental illness in high school youth. *Canadian Journal of School Psychology, 28*, 28-42. doi: 10.1177/0829573512468846

Hughes, L., & Leavey, G. (2012). Setting the bar – athletes vulnerability to mental health illness. *British Journal of Psychiatry, 200*, 95-96. DOI: 10.1192/bjp.bp.111.095976

Jenkins, S. (2009). *There's playing through pain, and there's true courage*. Washington Post, WA, 2009

Jones, V. (2016). Predictors of perceptions of mental illness and averseness to help: a survey of elite football players, *Journal of Mental Health, 25*, 422-427. DOI: 10.310/09638237.2015.1124384

Jowett, S. (2003). When the honeymoon is over: A case study of a coach-athlete dyad incrisis. *The Sport Psychologist, 17*, 444-460

Kaier, E., DeMarni Cromer, L., Johnson, M. D., Strunk, K., & Davis, J. L. (2015). Perceptions of mental illness stigma: Comparisons of athletes to non-athlete peers. *Journal of College Student Development, 56*, 735-739. doi/10.1353/csd.2015.0079.

Komiya, N., Good, G.E., & Sherrod, N.B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*, 138-143. doi: 10.1037/0022-0167.47.1.138

Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: An

assessment of the effects of expectations of rejections. *American Sociological Review*, *52*, 96–112. doi:10.2307/2095395.

Lopez, R. L., & Levy, J. L. (2013). Student athletes' perceived barriers to preferences for seeking counseling. *Journal of College Counseling*, *16*, 19-31. doi:10.1002/j.2161-1882.2013.00024.x

Lubian, K., Weich, S., Stansfeld, S., Bebbington, P., Brugha, T., Spiers, N., ... & Cooper, C. (2016). Chapter 3: Mental health treatment and services. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey, 2014*. Leeds: NHS Digital

Mackenzie, C.S., Knox, V.J., Gekoski, W.L., & Macaulay, H.L. (2004). An adaptation and extension of the attitudes toward Seeking Professional Psychological Help scale. *Journal of Applied Social Psychology*, *34*, 2410—2433. doi: 10.1111/j. 1559-1816.2004.tb01984.x

Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behavior,' labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of Health and Social Behavior*, *41*, 208–223. doi:10.2307/2676306

MIND (2014). Performance matters: Mental health in elite sport. Retrieved from <http://www.mind.org.uk/media/1085139/Mental-Health-and-Elite-Sport.pdf>

Noblet A., Rodwell, J., & McWilliams, J. (2003). Predictors of the strain experienced by professional Australian footballers. *Journal of Applied Sport Psychology*, *15*, 184-193

Ng, P. & Chan, K. (2000). Sex differences in opinion towards mental illness secondary school students in Hong Kong. *International Journal of Social Psychiatry*, *46*, 79

- O'Neil, J. M., Helm, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender role conflict scale (GRCS): College men's fears of femininity. *Sex Roles, 14*, 335–350
- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist, 36*, 358–445
- Parent, M. C., & Moradi, B. (2009). Confirmatory factor analysis of the conformity to masculine norms inventory and development of the conformity to masculine norms inventory-46. *Psychology of Men & Masculinity, 10*, 175–189
- Reardon, C. L., & Factor, R. M. (2010). Sport psychiatry: a systematic review of diagnosis and medical treatment of mental illness in athletes. *Sports Medicine, 40*, 961-980.  
doi.org/10.2165/11536580-000000000-00000
- Rice, S. M., Purcell, R., De Silva, S., Mawren, D., McGorry, P. D., & Parker, A. G. (2016). The mental health of elite athletes: A narrative systematic review. *Sports Medicine, 46*, 1333.  
doi.org/10.1007/s40279-016-0492-2.
- Schaal, K., Tafflet, M., Nassif, H., Thibault, V., Pichard, C., Alcott, M., ... Toussaint, J. (2011). Psychological balance in high level athletes: Gender based differences and sport-specific patterns. *Plos One, 6*, e19007. doi:10.1371/journal.pone.0019007
- Schwenk T, L. (2000). The stigmatisation and denial of mental illness in athletes. *British Journal of Sports Medicine, 34*, 4–5.
- Sirey, A., Bruce, M. L., Alexopoulos, G. S., Perlick, D. A., Raue, P., Friedman, S. J., & Meyers, B. S. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *American Journal of Psychiatry, 158*, 479–481

- Smith, M. (2005). In their own voices: Attitudes about mental health utilization by African American females at a predominantly White institution. (Unpublished doctoral dissertation). University of Tennessee, Knoxville
- Steinfeldt, J. A., Steinfeldt, M. C., & Speight, Q. L. (2009). Gender role conflict and stigma towards help seeking among college football players. *Psychology of Men and Masculinity, 10*, 261-272
- Steinfeldt, J. A., & Steinfeldt, M. C. (2012). Profile of masculine norms and help-seeking stigma in college football. *Sport, Exercise, and Performance Psychology, 1*, 58-71.  
<http://dx.doi.org/10.1037/a0024919>
- Sundgot-Borgen, J., & Torstveit, M. K. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sports Medicine, 14*, 25–32
- Tibbert, J. S., Anderson, M. B., & Morris, T. (2015). What a difference a “Mentally Toughening” year makes: The acculturation of a rookie. *Psychology of Sport and Exercise, 17*, 68-78.
- Tinsley H. E A. (1982). *Expectations about Counselling*. Unpublished Manuscript. Southern Illinois University, Carbondale
- Vogel, D.L., Wade, N.G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*, 325-337. doi: 10.1037/0022-0167.53.3.325
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counselling: The mediating roles of self-stigma and attitudes towards counselling. *Journal of Counselling Psychology, 54*, 40-50, doi: 10.1037/0022-0167.54.1.40
- Wahto, R. S., Swift, J. K., & Whipple, J. L. (2016). The Role of stigma and referral source in predicting college student-athletes’ attitudes toward psychological help-seeking, *Journal of Clinical Sport Psychology, 10*, 85-98. doi.org/10.1123/JCSP.2015-0025

- Watson, J (2005). College student-athletes' attitudes towards help-seeking behaviour and expectations of counselling services. *Journal of College Student Development*, 46, 442-449
- Watson, J. C. (2006). Student-athletes and counselling: Factors influencing the decision to seek counselling services. *College Student Journal*, 40, 35-42
- Watson, J. C., & Kissingner, D. B. (2007). Athletic participation and wellness: implications for counselling college student-athletes. *Journal of College Counselling*, 10, 153-162. doi: 10.1002/(ISSN)2161-1882
- Wilson, C., Rickwood, D., Deane, F. (2007). Depressive symptoms and help-seeking intentions in young people. *Clinical Psychology*, 11, 98-107
- Wolanin, A., Gross, M., & Hong, E. (2015). Depression in Athletes: Prevalence and risk factors. *Current Sports Medicine Reports*, 14, 56-60
- Wood, S., Harrison, L, K., & Kucharska, J. (2017) Male professional footballers' experiences of mental health difficulties and help-seeking, *The Physician and Sportsmedicine*, 45, 120-128, DOI: 10.1080/00913847.2017.1283209
- Yang, J., Peek-Asa, C., Corlette, J.D., Cheng, G., Foster, D, T., & Albright, J. (2007). Prevalence of and risk factors associated with symptoms of depression in competitive collegiate student athletes. *Clinical Journal of Sport Medicine*, 17, 481-7



MAJOR RESEARCH PROJECT

KATE L. HENDERSON BSc Hons

**Section B:**

**An Action Research Approach to Developing Psychological Support to Improve Mental Wellbeing in Student Scholarship Athletes.**

Word Count: 7987 (74)

(excluding abstract, references, tables & figures)

For submission to the Journal of Clinical Sport Psychology

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of  
Doctor of Clinical Psychology

APRIL 2018

SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY

### **Abstract**

Research suggests athletes have an equivalent, possibly higher, likelihood of developing mental ill-health to the general population, however they underutilize the services provided.

An action research methodology was employed (over three phases), with the overall aim to improve the provision of psychological support for scholarship athletes. Phase 1 explored experiences of mental health, from the views of seven scholarship athletes and two scholarship mentors. Phase 2 used a focus group to discuss and elaborate on the themes from phase one and phase 3, developed a list of recommendations for services.

Thematic analysis was used to analyse information from the individual interviews, the findings of which emphasized the impact of transitions and demands on the athlete's mental health. Mental health within this group continued to be entwined with stigma, denial and misjudgements and a lack of established conceptualisation.

Clinical implications were explored and suggestions for future research were presented.

Key words: sports scholarship athletes, students, mental health, psychological distress, wellbeing, action research.

## **Introduction**

### **Mental Health in Sport**

Mental health within sport is beginning to gain the recognition it requires, placing it higher on the agenda for researcher, universities and sporting governing bodies, aspiring to gain greater clarity on the prevalence of the mental health conditions and the best approaches to care for athletes (Galli, Petrie, Greenleaf, Reel & Carter, 2014; Wolanin, Gross & Hong, 2015). This increase in interest has been partly driven by a number of high profile athletes who have spoken up about struggles with their own mental health, and some recent, tragic, suicides (Mind, 2014).

A cross-sectional survey of Australian elite athletes, suggested that nearly half of this group (46%) experienced symptoms of at least one 'mental health problem' at the time of the survey, a comparable rate to the general population (Gulliver, Griffiths, Mackinnon, Batterham & Stanimirovic, 2015). Yet, comparable studies using athlete samples found prevalence levels of 16.9% (Schaal, et al, 2011) and 10-15% (Watson, 2006). Contrastingly, other studies recorded an increased risk of mental health problems in athletes, including eating disorders (Sundgot-borgan & Torstveit's, 2004) and suicide (Baum, 2005).

Additionally, Goutteborge, Frings-Dresen and Sluiter's (2015) study indicated that there were subgroups of athletes at higher risk of mental-ill health, including those with an injury or approaching retirement.

The range of mental health definitions and measurements used may contribute to this disparity in figures (Uphill, Sly & Swain, 2016), but overall, there still remains a consensus that the true prevalence of mental health experiences of athletes is likely to be underreported and minimized (Reardon & Factor, 2010). Furthermore, the top competitive years for athletes tends to overlap with the riskiest age of onset of mental disorder (Allen & Hopkins, 2015), which is also an age range underrepresented in the mental health literature, leaving a

considerable void in the understanding of the requirements of this population (Reardon & Factor, 2010).

### **Student-Athlete Lifestyle**

Student-athletes are a distinctive group, simultaneously managing their academic and sporting demands, while transiting into adulthood. They face an array of interpersonal, financial and cultural challenges (Beiter et al, 2015). The numerous demands placed on them include sport-related stress (Noblet, Rodwell & McWilliams, 2002), limited access to their support network (Noblet & Gifford, 2002), living away from home (Bruner, Munroe-Chandler & Spink, 2008) increased risk-taking behaviours (mainly drinking alcohol) (Wetherill & Fromme, 2007), increased disordered eating, (due to the demands and requirements of the sport; Sungot-Borgen & Torstveit, 2004) and higher risks of injuries (Sheinbein, 2016). The pressure to perform well in all areas of life impacts on student athletes both academically and in their sport (Armstrong & Oomen-Early, 2009), the increase in stressors places them in a prime position to experience psychological distress (Arnold & Fletcher, 2012).

### **Barriers to Accessing Support**

Accessing professional psychological services is one of the recommended pathways to effective recovery and management of mental health problems (Davidson & Roe, 2007). However, Watson's (2006) study showed that despite potential elevated risks in student athletes, they underutilize the psychological services available to them. This may be due to the reasons indicated below.

#### *Athlete Culture*

To gain acceptance athletes may need to adhere to subcultural norms, where value is not always placed on the athlete's health and wellbeing (Tibbert, Anderson & Morris, 2015) but

instead, may emphasise self-reliance, robustness and the minimisation of mental illness (Reardon & Factor, 2010). When a discourse around athletes' mental health exists within a sporting culture it is typically framed in the language of mental illness (Hughes & Leavey, 2012), contributing to denial, stigmatization, and the prevention of effective care.

### *Identity*

The disclosure of having a mental health condition may increase a negative halo effect (Brooks & Bull, 2001); an individual deviating from his/her identity as an athlete. The values and structure of sports can convey strong messages about an individual's identity, particularly what it means to be a man. Sport is a context where traditional norms of masculinity can be conveyed and enacted (Whannel, 2007) and men predominantly can benefit as a group by avoiding help-seeking, which may damage and change the individual's sports identity (Addis & Mahalik, 2003).

### *Attitudes*

A study of elite athletes indicated that they had less positive views towards seeking help than non-athletes (Watson, 2005). It is not only the attitudes of the athlete, but those of the others surrounding the individual, such as peers, coaches and parents, that may also determine whether the athlete seeks or continues with psychological support (Jowett, 2003).

### *Stigma*

Research indicates that psychological diagnosis and help-seeking are frequently viewed as stigmatizing (Bathje & Pryor, 2011). Moreover, athletes will choose to hide their mental health conditions (Biddle, Donovan, Sharp & Gunnall, 2007), for fear of not being accepted or continuing to succeed in their sport (Tibbert, Anderson & Morris, 2015).

In a sample of student athletes, stigma was heightened due to the athletes' celebrity status and help seeking was perceived as a sign of weakness (Reardon & Factor, 2010). Additionally, athletes may fear being stigmatized by coaches, teammates, peers and fans (Watson, 2005).

### *Expectations*

Athletes may hold negative attitudes regarding a counsellor's ability to relate to their sporting lifestyle (Watson, 2005) and may be uncomfortable seeking help outside of their sporting environment, from services that may not understand how to conceptualise their particular issues and the lifestyle they lead (Fletcher, Benschhoff & Richburg, 2003).

### *Understanding of Mental Health*

Schwenk (2000) suggests that many of the symptoms of overtraining or tiredness may, in another context, be considered indicative of depression. Moreover, athletic actions sometimes resemble symptoms of mental disorders (e.g. meticulous attention to diet and training, similar to Eating Disorders and Obsessive Compulsive Disorder) thereby confounding a diagnosis of mental illness (Reardon & Factor, 2010). Therefore, athletes may be struggling to distinguish which symptoms they need support with.

### *Types of Mental Health Support*

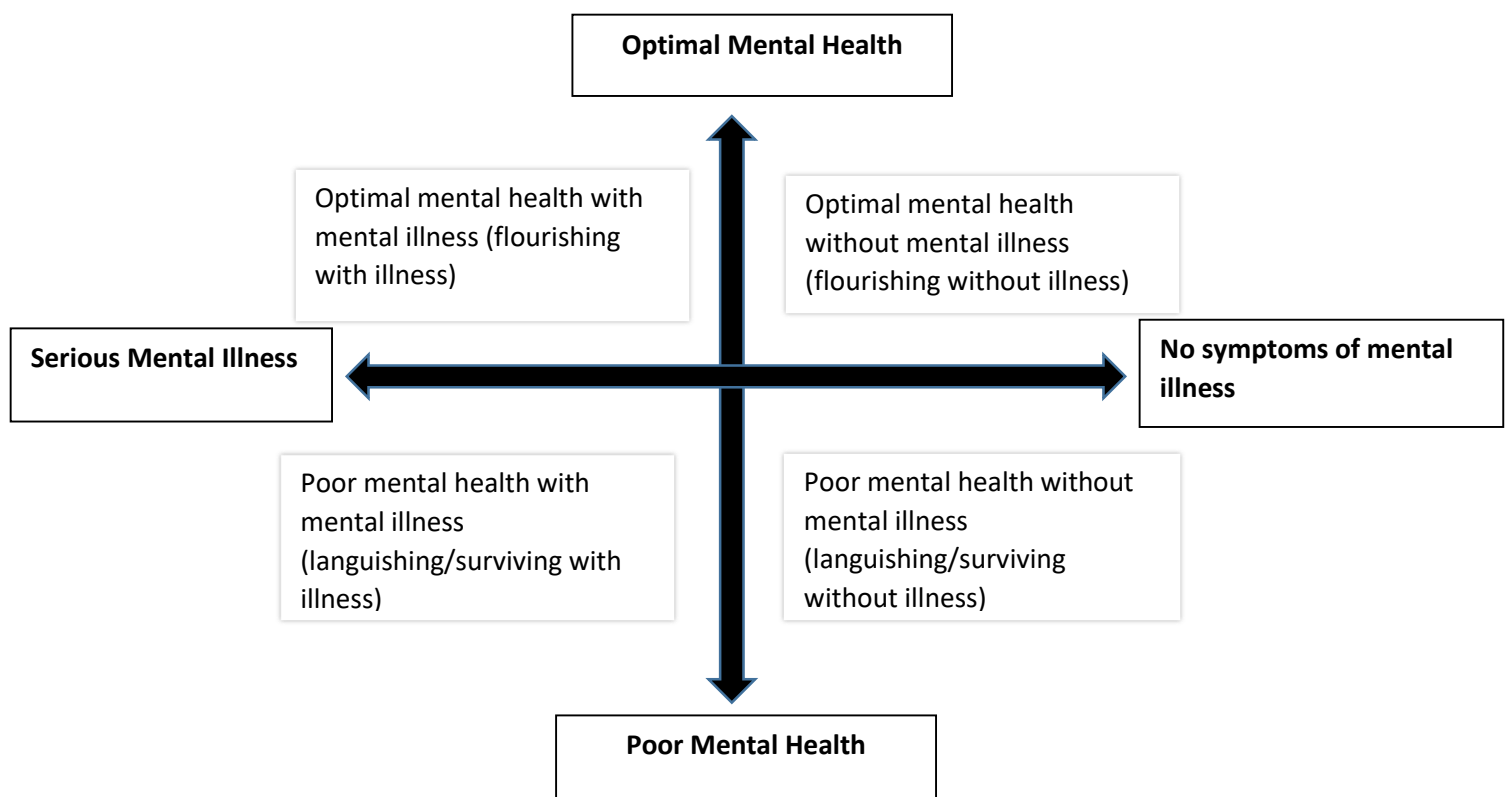
Athletes may need more clarity on what mental health support aims to deliver and how it is distinct from sports psychology, which more often aims to focus on sport performance. One school of thought conceptualises sport psychology as focusing exclusively on performance enhancement (Marchant & Gibbs, 2004) and another suggests a more holistic approach, understanding that positive mental health could directly impact on performance (Stambulova, Wrisburg & Ryba, 2006).

### *Practical Barriers*

Factors such as not enough free time (Wilson, Rickwood & Deane, 2007) due to training and other demands, drastically reduces athletes' availability for accessing services. Abram, Paskar, Washburn and Teplin, (2008) also highlighted the lack of additional funds to be an important factor to consider when accessing therapy.

### **Psychological Theory**

*Figure 1: Keyes' (2002) Two Continuum Model*



Keyes' (2002) two continuum model can be applied to student-athletes and holds considerable potential in understanding, discussing and intervening to increase athletes' mental health (Uphill, Sly & Swain, 2016). This model has two associated but discrete dimensions; one continuum indicates the presence or absence of mental health (from languishing to flourishing), the other the existence or absence of mental illness. Flourishing is perceived as comprising aspects of, psychological, emotional and social well-being.

Therefore, athletes could be experiencing mental illness, as well as simultaneously encountering positive mental health and vice versa. Keyes' (2007) study suggested that within a sample of US adults, approximately 20% were 'flourishing', in that they functioned noticeably better than other individuals in all parts of their life. This model encourages the promotion and maintenance of genuine mental health or a thriving state.

### **Context of Study**

The current study was carried out within a University in the South of England with student scholarship athletes. They are a distinct population of sportspeople, who are offered a financial reward to enhance their development in sport and given increased availability of facilities; such as free access to the university gym, additional student support from a sports mentor, and use of the facilities within The Sports Lab, which provides a range of services to enhance athletes' sports performance. The scholarship is based predominantly on the individual's accomplishments in their sport. As well as academic demands, sport scholarship athletes have to maintain a peak in physical fitness and continue with any additional sporting responsibilities they hold.

### **Rational**

There is limited research regarding mental health conditions amongst student-athletes (Watson, 2006) and elite athletes (Gulliver et al., 2015) particularly in the UK and none that specifically focus on sports scholarship athletes. Knowing more about this group's specific experience of psychological distress, hoped to then initiate change collaboratively with athletes and other stakeholders and develop a more suitable psychological provision for this group.



### **Research Aims**

The main aim of the study was to improve the psychological support on offer to student scholarship athletes within a university context, collaboratively with those athletes.

Furthermore, to:

- a. Identify student scholarship athletes' perceptions of what discourse is being used by them to discuss psychological difficulties.
- b. Investigate student scholarship athletes' experiences (either current or historical) of psychological support.
- c. Understand what student scholarship athletes' perceptions are of the barriers to accessing psychological support.
- d. Develop an understanding of student scholarship athletes' perceptions of the types of psychological interventions that would be the most accessible for them.
- e. Identify student scholarship athletes' perceptions of what type of psychological intervention would increase levels of mental well-being or flourishing in them.

### **Method**

#### **Participants**

Participants were either sports scholarship athletes, mentors or sports staff within the university. They were informed about the project by either attending a scholarship workshop, by their mentors or via email.

*Phase one:* Nine participants were recruited for individual interviews. Within this sample were: seven scholarship athletes (2= female, 5=male; aged 20-26 years), one of whom was also a lecturer and PhD student; two scholarship mentors, one of whom was a member of

staff from the sports lab. The participants were involved in a range of sports (these will not be identified to ensure confidentiality).

*Phase two:* Five participants were recruited for the second phase of the project, the focus group. Within this sample were; one scholarship athlete, two scholarship mentors, one sports lab staff member (who also had mentor responsibilities) and a trainee sports psychologist (3=female, 2=male, aged between 20-42).

### **Design**

An Action research (AR) methodology was utilised, to ensure that the experiential knowledge of the athletes and individuals in their surrounding sporting context was collaboratively surfaced (Fine & Torre, 2006), developing a consensus about local problems and best possible solutions. This approach provides individuals with the means to take action to resolve specific problems (Kilgour & Fleming, 2000; Lax and Galvin, 2002). The AR process is cyclical, employing a look, think, act approach (Figure 2), exploring details of events through recurrent observation, reflection and action and involving modifying actions based on the findings in the previous steps (Stringer, 1996).

### **Procedure**

Before both phases 1 and 2, time was spent discussing the information sheet (Appendix C) and a consent form (Appendix D) was also discussed and signed.

Phase 1: A semi-structured interview was completed with the participants. The previous relevant literature on students' and athletes' mental health experiences was used to develop the interview schedule (Appendix E). It consisted of open-ended questions with prompts. The questions used in the interviews varied slightly to apply to either a sports scholarship athlete,

scholarship mentors or a member of sports lab staff (Appendix F), but predominantly centred around their experience of being in their role, how mental health was viewed within this context, any barriers to accessing psychological support and ideas for improvements.

Interviews lasted between 42 and 88 minutes (average 65 minutes) and were conducted in an interview room at the university campus. Each interview was recorded on a digital voice recorder and transcribed for analysis. After the interview participants were reminded of the next phase of the project; and that information from their interview may be used to develop themes and be shared in the focus group, but would be anonymised.

Phase 2: A focus group was structured based on the key themes from the individual interviews (Appendix G). These were shared and participants were asked to develop any ideas on improvements. The aim of this group was to develop a list of recommendations for future services. The group lasted 135mins (with a short break).

Phase 3: A list of recommendation was written up and circulated to the participants in the focus group (Appendix H). The results were then disseminated at a sports committee meeting.

### **Data Analysis**

Both the interviews and focus group were audio-recorded and transcribed, then an inductive form of thematic analysis (TA) was used to analyse and code the respondents' accounts from the interviews (Appendix I), driven by what was in the text. Inductive TA is essentialist in its theoretical framework and experiential in its direction, assuming a knowable world and describing experiences and the meaning of that world, as identified in the data (Braun & Clark, 2012). The methodology used was a six-phase non-linear approach (Braun & Clark,

2012) which included, 1) familiarizing and immersion in the data, 2) initial code generation, 3) searching for themes, 4) reviewing potential themes, 5) defining and naming themes and 6) producing the report.

The data from the focus group was not analysed using TA (Appendix J), but involved discussing ideas from the identified themes and developing a list of recommendations.

### **Quality Assurance and Reflexivity**

A bracketing interview was completed prior to completing the interviews and was reflected on again before commencing the data analysis and final writing of the report. Although and cognitive responses and personal experiences cannot be fully set aside when conducting research, this process aimed to create an awareness and distance from previously held beliefs and assumptions (Bertelsen, 2005).

This study also followed the guidelines of Elliot, Fischer and Rennie (1999) to increase the integrity of the interpretations of the results. Particular attention was paid to: 1) credibility checks from supervisors and a colleague to identify any alternative interpretations of data; 2) grounding in examples by adhering to an established method of thematic analysis by Braun and Clarke, (2012) and providing an annotated transcript, records of code development and thematic maps; 3) owning one's perspectives by being in touch with the researcher position.

The researcher also used a reflective diary (Appendix K) throughout the study to monitor own biases and to document and examine the decision making process, which was also discussed in supervision to ensure a higher quality of analysis.

### **Ethical Considerations**

The research followed the Practice Guidelines (BPS, 2017) throughout. Full research approval was granted via the Salomons ethics panel (Appendix L).

An information sheet was given to each participant, so they were aware of the requirements of the study and that they could leave at any time. Written consent was also requested. Due to the potentially sensitive nature of the topic, there was a possibility that the interviews or focus group may bring to the surface some difficult memories, possibly causing minor distress. However, participants were asked to only disclose information that they felt comfortable sharing and were reminded that participation was voluntary. Also, if anyone required any additional psychological support they were given further information on how they could access this, either from the University or from their General Practitioner.

Interviews were audio recorded, transcribed and saved to an encrypted USB stick. On completion of the study, a summary report (Appendix M) was sent to any participants as requested and Salomons R & D panel (Appendix N).

## **Results**

The analysis of data gathered during phase one generated a total of six themes and three sub themes. (For a full thematic analysis and thematic maps refer to Appendix O & P).

### ***Theme 1: Transitions/Changes***

The majority of participants struggled to feel comfortable in their new living arrangements at university, often highlighting the difference in lifestyle they had when compared to their housemates. They complained of them drinking alcohol and staying awake late, which did not fit well with their training and academic demands.

*'When I moved in there were four undergraduates who were living with me. They were loud they were partying and for an athlete that was not what I wanted. They'd come in at 4 o'clock in the morning shouting and screaming' (P3)*

One mentor also described the cultural adjustment that his athlete had to go through, in regard to the other students' drinking alcohol and staying up late.

*'he was having some issues early on with his accommodation here. I think he was finding it quite difficult to adjust..... Coming over to this country he was saying that the people that he was living in his accommodation with were quite loud, and they would stay up late night drinking and that's from his country and culture, that's something that he is not really used to..... And is not great for his studies' (P4)*

*A couple of participants also disliked being away from home and missed family.*

*'being away from home was tough and I'm surprised I'm still here to be honest' (P6)*

*'I do miss home and I miss, I have two younger siblings' (P2).*

### ***Theme 2: Multitude of Scholar Demands***

All participants talked about the combined pressure of training and competing in their sport, as well as the academic commitments they needed to achieve.

*'I trained five times a week in the first year and six times a week this year' (P1)*

*'I think whilst I was doing it it was just a routine. I would get up go to lectures, go training in the evening or training was earlier I would use training as my revision break equal study break. I was just sort of on a loop. Whereas I think looking back now, I'd reached burn out quite a lot and then just be so exhausted, not just physically exhausted but mentally drained. That kind of impacted on my training' (P9)*

From descriptions it often seemed hard to balance these sporting and academic requirements.

*'one of the scholars we always have a really good chat about it, their work and their constant fight to balance their sport and the University life, because they are literally playing for two teams' (P6)*

A few athletes also mentioned varying demands they had to consider, including remaining in contact or dealing with issues regarding friends and family alongside working and managing finances.

*'it's only been when like your social, when your home life sort of becomes an issue that everything else is affected. I think that's the only real-time I've ever had an issue.... was when breaking up with a girlfriend' (P5)*

*'the only main stress I found at university is the money stress really, but that's why the scholarship is such a big help' (P8)*

### ***Theme 3: Discourse Around Mental Health***

The majority of participants indicated that they were in an environment where they were expected to be mentally tough, as well as physically perform. This mental toughness coincided with being strong, coping and therefore discouraged individuals from accessing services.

*'I think it's because in our sport, you never kind of, when you get tired you don't stop running the race and I think it's a bit like that with life as well, that if you don't like something but you know it's not going to last for long, you just know you have to kind of stick it out' (P1).*

*'especially within sports there is kind of a macho image of not wanting to tell people that you are not okay or something is wrong or worrying you. There's probably a lot of reasons for it, you know it might be fear of not being seen as strong..... If your coach is running a team you would want a team that is strong and able to deal with adversity and come back from things.*

*You might think as an athlete or as a scholar that if you kind of show some kind of physical or mental weakness that your teammates or potentially your coach might think you're not able to deal with difficult situations in your sports. A coach might look at your fitness, your physical capabilities, and psychological aspects' (P4)*

The negativity surrounding mental health conditions resulted in athletes not sharing their experiences with others, for fear of any judgements that would be made.

*'I think at my age not many people would admit to mental health issues and if they did, not many people would believe them' (P2).*

*'it's very it's quite a big term to say you've got mental health. As those previous years of the culture of mental health, that you know if you've got depression you're a pretty bad person. When actually anyone could get it. I think if you said to someone still I'm depressed, people would say yeah come on, pull yourself together' (P6)*

There did not appear to be a consensus on the language used to describe mental health concerns. Participants often referred to the complexities of mental health from both their point of the view or the responses they had received from others, which lead onto discrepancies about whether someone's level of distress had got to a point where it required support or not.

*'it's incredibly complex..... There's like social, I see things as like social illnesses like anxiety and depression, and then I view things like the kind of genetic biological experiences schizophrenia, paranoid schizophrenia, maybe you know bipolar would be between the two kind of thing. So there's various types of illnesses that can, you know you can feel like societies developed and things that people are just so born into or born within potentially developing and the kind of thing that happened to my mum. Like adverse childhood experiences like those kind of experiences, kind of increase your chances of some of those by*



*a certain percentage. So I think some people from an early age, it's kind of, it's in their path they just can't see it yet' (P8)*

*'the doctor I saw just told me that I was a stressed student and that everyone goes through it. So I was like okay, I'll leave that then. I just started reading books and trying to solve different things online. I've just had to learn to do it myself, but is not quite enough. I know other people that have just been told that they there like angsty teens. I needed a Doctors' note to say that I was depressed, although I had problems, which I don't agree with because sometimes, because we've learned that being depressed is an emotion... I think you know your own self. I didn't want medication, as I just don't want it and I think had I taken it, they probably would have taken me more seriously, because that's just the norm, what model they follow, which again I don't really agree with' (P9)*

*'that's the one that annoys me the most. OCD being chucked around so freely' (P1)*

Contrastingly, a few participants described feeling that recently mental health stigma had decreased and people were increasingly able to express how they really felt.

*'It's definitely in the news a lot more now isn't it? I wouldn't say trendy, but it's there a lot more now.....Aaron Lennon come out and I don't know if that would have happened years ago. I think it's good, especially in football, such a big sport. The fact that that can happen, it can happen anywhere' (P6)*

#### **Theme 4: Psychological Distress**

All participants were able to discuss examples of either themselves or someone in their sporting culture experiencing psychological distress of some kind. The most common conditions that were reported were anxiety, depression and stress. These seemed to link quite closely into the demands that the scholarship athletes were under, to either compete in their sport or meet coursework deadlines.

*'anxiety or stress and depression. I suppose I would have thought they were the three most common issues they might experience' (P4)*

*'I know some scholars are, they suffer from anxiety, but the anxiety stuff as well, they feel the pressure of their competitions, but I know it links into their daily lives as well, because some of them suffer with social anxiety as well so they won't engage in stuff. They talked about how they are sick and stuff, they get physically sick. They don't eat and so it affects them physically as well' (P8)*

A couple of individuals also discussed body image and eating concerns.

*'the stress of pressure may be and I've also had struggles with eating and I think that's probably quite wide across my sport. Well may be females more than males. ....I think more recently it probably has become visual because of the rise of fitness models and that sort of thing. But I think at the end of the day, we rely on bodies to perform, so try and make the optimal environment for bodies and sometimes we don't have the knowledge for the optimal, like to make it reality' (P9)*

Some of the participants described the vast impact the psychological distress had on different parts of their life.

*'it's just it's almost like a disease, it just spreads into everything else, and you have to somehow contain it somehow and then bring it all back. I was sort of like lost. Like it was very hard to pinpoint what needed to be done. Even the simple tasks' (P5)*

*'my performance in my athletics had noticeably dropped over that winter season' (P1)*

*'I got quite bitter towards my course mates and I disengaged from kind of socialising with them' (P8)*

The majority also expressed the internal pressure that they put themselves under to achieve.

*'some people can cope better than others, but I think they're still under the same kind of magnifying glass. I guess ourselves, our perception of what the university thinks and feels. You know I think you just feel that because they've given us that money or the opportunity then we just get obliged that way have to meet the expectation. So I think it's more of our perception of it than the actual university saying do this (P8)*

A couple of participants also reported certain personality traits that might make psychological distress more likely, such as being in control and competitiveness.

*'I'm a bit of a control freak. I've never actually been in a club, but it's just I don't like the thought of going in somewhere and being kind of trapped' (P1)*

There was a subtheme within psychological distress of **wellbeing**. Participants detailed sacrifices they had to make and how they were able to look after themselves at times, but also how sport was a coping mechanism for most of the participants at times.

*'sleep can be a little bit low sometimes. Late nights in the library, so I can go and stay up late to do some of this work' (P6)*

*'going out definitely takes a backseat, but I still do go out, I do make sure once a month that we go for a meal or something with my group of mates, just to keep that connection going. It's important' (P6)*

*'sport is a lot of their coping mechanisms and their paradise they go to place. It's their happy place. I think they view that as their escape' (P8)*

### ***Theme 5: Support Accessed***

This theme highlighted the range of support on offer to the scholarship athletes, provided generically from the student support centre to the more specialised sport support from the sports lab and sports scholarship programme.

A couple of participants stated that the counselling support they received through the student support centre was helpful, but the wait for this to start was too long.

*'I had counselling, it was helpful. The waiting list was ridiculous' (P1).*

A few participants outlined the value of the support from the scholarship programme and the people involved in the programme.

*'when I actually reached out and spoke to different people in the Department and the scholarship team, they all pushed me towards getting healthy. Not because they wanted me to get on the road and compete, but like because they cared about my health. Not me just getting fit, being healthy again and happy again' (P8)*

One member of staff expressed that they had only just begun to think about the importance of psychology within the sports scholarship programme.

*'psych is something which we've just started really scratching at the surface' (P7)*

The majority of sports scholarship athletes recognised the importance of the mentor role and a couple also used their tutors or family/friends for support.

*'my mentor, although not a trained psychologist, I suppose it's someone that I open up to and can go and speak to in confidence' (P6)*

*'if I wanted advice and support I think I'd probably talk to or email my tutor' (P8)*

### **Theme 6: Ideas for Improvement**

There was a subtheme within this theme of **requirements of service**. Participants discussed suggestions for improvements to mental health services for scholarship athletes and the type of provisions they would require.

A few participants indicated the importance of a tailored service that specialised in sport and mental health and was tailored to the individual.

*'bespoke, support services for sportspeople. It gets away from that perception, but it's a generic service, that it is something that can be tailored to what the sports scholar needs. In terms of opening hours, as many as possible, as available as possible is probably the main thing. The times when you might be most affected by issues is possibly the weekends or evenings' (P4)*

Also a couple of scholars consider the challenges that athletes face, of having limited spare time and limited knowledge on the available services.

*'Time is always a barrier for everything from scholars' (P7)*

*'maybe you shouldn't have to seek the help, maybe it should be more evident that there is help out there' (P2)*

Another subtheme within this theme, was **type of interventions**.

Approximately half of the participants outlined the idea of involving role models in the treatment of mental health, with the expectation of reducing stigma and encouraging access into services.

*'maybe some articles some real-life sporting articles, I think there's Jonny Wilkinson who came out and said he was depressed, because when he retired he didn't know what to do, because he just did sport the whole time or played rugby. So just point them in the right direction of some of those and how they dealt with it and to actually say if one of the best rugby players in the world could actually come out or you know that's not that's not a negative. Maybe get rid of that stigma. It's a bad thing it's quite strong thing when actually it's very modern' (P6)*

A couple of participants stated that they would like some strategies on how to deal with psychological distress.

*'that simple motivation of I can't get out of bed or this is piling up how do I go and do something else, maybe strategies, strategies one hundred percent. They can get rid of some of the other workshops and put a well-being workshop straight in..... Not to have a workshop seems quite criminal in all honesty, so hopefully something can happen from that whether it's in my time or someone else's time, it's beneficial because if someone can benefit from it. You know that's one person, not saved but kept on the good side' (P6)*

A few participants felt that they needed more knowledge on mental health and a couple suggested a monitoring system in place.

*'maybe then not just understanding what's going on with them. They might not see it as a problem. So I think unless they actually did talk to someone, my issue is I didn't know until I spoke to someone. How was kind of working and what I was thinking was obviously not healthy' (P8)*

*'I think just having a regular check, especially at like the crunch time of like the academic year, with exams coming up. They should have maybe have a little check-up with them to make sure that everything is all right' (P5)*

Participants discussed whether the interventions should be offered in a 1-to-1 or as a group format, which was thought about in terms of the kind of information being discussed and the type of person that was discussing it.

*'whether it was in a group workshop, where some people see their mental health as something very private, that they wouldn't necessarily want to share with other people around. So whether a workshop would be the right format, I don't know, but some kind of session. Just general information about mental health and their general well-being I think*

*would be useful. Whether it was in a one-to-one type environment or whether it was a workshop. Workshops tend to be about 30 of them in a room, so whether it was a smaller you know groups of three or four perhaps. Maybe with people that they don't know or that are in their peer group' (P4)*

*'you've got people that would probably prefer one-to-one and then you might have people the extrovert people that would rather a social group where they can open up to strangers' (P5)*

A couple of athletes also discussed the importance of social events and their interaction with other scholarship athletes as a vital source of support.

*'so there's not really networking or social. To bridge that gap is quite difficult, but then they are all quite formal, when you're sitting down and watching a presentation' (P5)*

A few participants talked about specific improvements that could be made to the mentor role.

A couple talked about increasing the amount of the support on offer from them or them having an increased knowledge of mental health.

*'having a few more meetings may be' (P5)*

*'as a mentor I think it would probably help if I knew a little bit more about those kind of aspects like counselling and things, like just the basics of helping someone in that kind of situation. A mentor could provide some help in the meantime' (P4)*

One participant talked of the support they gained from sports psychology and how it may have benefited her to have this support offered to her earlier.

*'I think they should be mandatory for people. Everyone should have at least one, just to sort of at least do the initial profiles if anything comes up. Then if anything comes up in that first session the sports psychologist can't help with, because are not trained to deal with mental*

*health..... They should be directing them to someone who can, and just think there should be more available and the accessibility of it I think..... I think people need to be actually physically shown. The first one with a sports psychologist, we just sort of it required us to come with a problem and talk about it. I found it really helpful, but this is the first year that this has happened and if this had happened in my first year, perhaps I wouldn't have struggled so much in the subsequent years' (P9)*

A few participants seemed to be unclear on where the student support service was and what the process was to access it, which may have made it less likely to be utilised.

*'I wouldn't know of any services. You kind of see them advertised, but I wouldn't know how to access it' (P5)*

*'the counselling service could just say, we are here if you need any help' (P5)*

A couple of participants visualised an athlete specific space in which they could socialise with like-minded people.

*'I feel like there should be a room, quite particular room that even if there is not a psychologist or someone to help and consult, then people can go to. Maybe a kind of sport based room for where people can go and you know.... I think it's important to have a psychologist there, but I think that would be where you individually booked and it obviously depends on their time and their availability. They might have, sports equipment, beanbags, games consoles, I dunno really..... You can come in and you could say like had a really bad result last week and you can just talk to people' (P8)*



### **Action: Producing a List of Recommendations**

A list of recommendations was compiled (Appendix H) within the focus group and subsequently distributed to participants that attended. Some participants agreed to take forward particular recommendations, as well as the researcher.

*Table 1: Summary of main recommendations from focus group*

Main recommendations:
<ul style="list-style-type: none"> <li>- Making adjustments to the mentor support on offer, such as; a choice of mentor, more contact time and sharing information on the mental health support services available</li> <li>- Mentors gaining additional training in mental health</li> <li>- Sharing additional information with scholars on the student support services</li> <li>- Preparing scholars for the potential demands ahead</li> <li>- Increasing the opportunities for scholarship athletes across the years to socialise as a group, offering additional social events, starting a buddie scheme and make changes to, the workshops and living arrangements.</li> <li>- More opportunities to be supported by a sports psychologist</li> <li>- Making changes to the way sports teams socialise, by including other options as well as drinking alcohol. I agreed to share information on the project at a student union committee meeting, which may also influence this process</li> <li>- Gaining feedback/evaluation on the sports scholarship programme from scholarship athletes perspective</li> <li>- Increase knowledge of mental health for athletes and the surrounding system, including other athletes' experiences.</li> <li>- Starting more conversations about mental health within sporting settings</li> <li>- Encouraging the prevention of mental health conditions and increasing mental wellbeing by preparing for the demands of the scholarship role, living arrangements and the drinking culture</li> </ul>

## Discussion

The study aimed to explore the mental health experiences of student scholarship athletes and contribute to the improvement of the psychological support on offer. An AR approach was employed to consider: scholarship athletes experience of psychological distress; the types of psychological interventions on offer and ideas for improvements to these services, encouraging constructive change. The findings illustrated that the mental health stigma, denial and misjudgements affected both scholarship athletes understanding of mental health experiences and help-seeking behaviour.

### *Conceptualisation of Mental Health*

Within this study there seemed to be a lack of consistent language used to describe and outline the complicated and abstract domain of mental health within sport. Contrastingly, previous research suggested that athletes' mental health is typically framed in the language of mental illness (Hughes & Leavey's (2012). Applying the two-continuum model (Keyes, 2002) to the findings, most participants described experiencing some form of psychological distress, although this was not often diagnosed by a professional and in some cases was minimized. Keyes (2002) suggested we all have varying mental health needs and can simultaneously experience achievements and psychological distress. Hence, this could be used as an empowering tool to discuss mental health; delivering messages such as psychological distress not equating to weakness.

Specific mental health conditions were described in the study. However, participants did not always respond to these potential symptoms of distress in compassionate ways, and often saw it as the norm for athletes. This is in agreement with Schwenk (2000), who stated that in other settings, symptoms of tiredness or lack of enthusiasm may be considered consistent with depression. There also appeared to be a wish to not accept the possibility of a mental health

condition (Tibbert, Anderson & Morris, 2015), perhaps in fear of how it would affect their sporting careers.

The result of this study and previous research (Uphill, Sly & Swain, 2016) indicated that this sample would benefit from having the opportunity to learn, explore and develop clearer conceptualisations of mental health and be clearer on the psychological support available to them. This further understanding, together with witnessing role models share their stories, could reduce the social stigma associated with seeking mental health treatment (Bathje & Pryor, 2011) and enable athletes to realise their potential, despite their mental health concerns.

#### *Barriers to Accessing Services*

Earlier research stated that social stigma associated with seeking mental health treatment can be a considerable barrier (Reardon & Factor, 2010). Correspondingly, participants within the current study expressed concerns regarding showing any signs of vulnerability or weakness that could be judged negatively, affecting their identity as athletes (Brook & Bull, 2001) and any potential sporting chances. More positively, there was also the impression that mental health stigma may have started to reduce, due to more sports people sharing their experiences of mental health in society.

An additional barrier was that athletes felt counsellors would be unable to relate to their sporting lifestyles, which was in agreement with a previous study by Watson (2005). The participants highlighted the importance of a bespoke service; ideally with a specialist person trained in mental health issues within sport.

*Type of interventions*

The scholarship athletes experienced a conflict between theirs and their peers' lifestyle, which seemed to be largely entwined with the student drinking culture. Interestingly, a previous study indicated that student athletes were more likely to partake in risk-taking behaviours, particularly drinking alcohol (Wetherill & Fromme, 2007). Sports scholarship athletes may be an exception to this rule, because of their higher level of sporting achievements, which required them to maintain an optimum fitness.

This inconsistency with their peers, developed a sense of not being fully accepted in the wider student population, leading onto experiences of psychological distress. Cacioppo and Patrick (2008), argue that belongingness is a fundamental human need and that if not met, has severe effects on wellbeing. Athletes discussed the benefits of having specific athlete housing and living with other likeminded peers. They also illustrated the lack of opportunities to form relationships with other scholarship athletes, whilst emphasizing the importance of these networks in providing peer support and acceptance into a group.

Psychological distress was, more often than not, described as associated with the multitude of demands placed on the scholarship athlete. Beiter et al.'s (2015) study also emphasized the numerous challenges that student-athletes were under. There were some remarkable examples of athletes managing these pressures and some that had sourced additional assistance from mentors in developing these vital skills. The findings highlighted the importance of athletes being prepared for the adjustment to scholarship athlete, which may reduce some of the internal pressure they experience.

More regular contact with a sports psychologist was indicated to manage any sport related issues, but could also highlight signs that the athlete needed some additional support with

their mental health. The findings show that participants appeared to understand the role of sports psychology, in assisting solely with sports performance (Baum, 2005). However, during both former research and exploration within the study, the blurred lines that exist between what constitutes performance enhancement (Marchant & Gibbs, 2004) and the more holistic model (Stambulova, Wrisburg & Ryba, 2006) were still apparent at times.

Importantly, some athletes had experienced adverse experiences which they had not received adequate support for. Some participants requested information on psychological strategies and how to manage stress or emotions. However, there were also some participants that appeared to fear accessing this support, which may be due to: the possibility of being judged; concerns about the therapeutic process and painful emotions that might be uncovered; or, that the services they require were just not easily accessible to them.

Maybe in some cases, it would be beneficial for athletes to explore in more depth through psychological support, some of the significant events that have occurred in their lives, even if the main motivation for the athlete and the surrounding system was to improve sporting performance. During this therapeutic process, the athlete may also experience the positive side-effect of increased general wellbeing in life, as well as in sport.

### **Methodological Limitations**

A substantial limitation of the study was the small and potentially unrepresentative sample used. The participants ranged between 20-26 years of age and were predominantly white British males. More females and participants from a larger range of sports, may have illustrated an increasingly representative picture of the variation in experiences of a scholarship athlete. The sample was within the typical age range of both students and high-end athletes, therefore it may provide vital knowledge in a specific area, known to have vast gaps in understanding.

AR required the researcher to commit to collaborative working with participants (Fine & Torre, 2006). However, due to the extensive commitments of a scholarship athlete, no scholarship athletes were willing to be more involved in the project than attend an interview or focus group or further facilitate a recommendation. Ideally, more involvement from a scholarship athlete throughout the project would have possibly further influenced our findings. Also, the AR approach has no clear end point, since this suggests the end of the reflective thinking. Instead, the list of recommendations helped to frame some of the dominant issues and make suggestions for future exploration, research and improvement. These are explored in the implications below.

### **Clinical Implications**

It is clear from the findings that this particular sporting setting requires additional information on mental health and the best ways to support a scholarship athlete. In order to do this, the whole sporting system surrounding the athletes needs to be more psychologically informed and use an agreed framework to conceptualise mental health; empowering the athlete to communicate difficulties and trust in the psychological provision available to support them, ultimately promoting mental wellbeing for all.

Sports scholarship athletes could be prepared for the increasing demands before commencing in the role and given useful advice on how to prioritise tasks and manage stress. In conjunction with, the opportunity to access specialist mental health support if required should be easily accessible. This maybe more suited to supporting more serious mental health conditions such as, working through historical trauma, living with depression or managing suicidal risk.

The support of the athlete poses specific challenges, as sports psychologists do not normally hold adequate expertise in mental health, while mental health specialists are not suitably

acquainted with sporting requirements and culture. Hence, stronger links need to be made with mental health professionals, such as clinical psychologists, psychiatrists and other therapists. Management of mental health conditions needs to be provided by a trained mental health professional, at a suitable time and in an accessible place. A clearer pathway needs to be developed to differentiate these therapeutic roles and that of the sports psychologist, to enable easy access to, lines of communication between, and movement through these services.

The government recently produced a report in a collaboration between the Department for Digital Culture Media and Sport, MIND & The Sport and Recreation Alliance (2018), which stated that all elite sports must have a clear mental health strategy by 2024, and there must be a mental health action plan in place for elite athletes, which establishes a high standard of mental health support, in parity with physical health. Although participants within this study are not all within the elite category, parts of this action plan are relevant to developing mental health support for sports scholarship athletes.

To increase accessibility for all, the mental health professionals should take a different approach to support and plant themselves within sporting environments, forming alliances with various part of the system and winning the trust of this population. Being clearer on the differing warning signs for this population, should increase the early detection of mental health conditions and the monitoring of athletes at keys times, such as when under high stress or during injury. When coaches are considering all the factors that may enhance performance, mental health should be added to this agenda and considerations should be made towards increasing wellbeing and achieving a flourishing state.

### **Future Research**

Undertaking further larger scale research with varying groups of athletes (from students to elite), from a variety of sports would enhance the potential to generalise findings to the wider athletic population. Such research may also explore the differing requirements of various sporting environments.

Additional research investigating the two-continuum model further and studying how it applies more specifically to athletes and people in their surrounding environment, such as their coach, would be useful to gain a more complete picture of how this model applies to this context. Also, finding out more about mental wellbeing and the best ways to achieve the flourishing state as an athlete, may be a more positive stance to direct some future research; learning from optimistic examples of how to thrive, even in the midst of a multitude of demands. Subsequently, also to find out more about how effective some of the recommended psychological interventions are for the athlete population, considering if any particular adjustments would be beneficial.

### **Conclusions**

The scholarship athlete role in this setting accompanied an array of demands, which resulted in sacrifices to the athletes wellbeing and a differing lifestyle to the wider student population. Psychological distress was at times associated with these pressures or related to other negative life experience. Barriers to seeking psychological support for these conditions were associated with denial, minimization and potential stigmatisation.

This setting may benefit from increased education on mental health, involving athlete role models in this process and a more clearly defined framework to understand this from, which encourages a holistic approach to the prevention and treatment of mental health conditions.



Although, more athletes are opening up, we still do not know how many are struggling in silence. Ensuring a new norm, where athletes are able to ask for help, from an expert mental health professional, integrated within the sporting setting, will change the culture in sport. Promoting an environment where sportspeople can continue to thrive and inspire future generations, by accomplishing more of their sporting goals and living a richer, fuller and happier life.

### References

- Abram, K. M., Paskar, L. D., Washburn, J. J., & Teplin L. A. (2008). Perceived barriers to mental health services among youths in detention. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*, 301–308.  
[doi.org/10.1097/CHI.0b013e318160b3bb](https://doi.org/10.1097/CHI.0b013e318160b3bb)
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5–14. [doi.org/10.1037/0003-066X.58.1.5](https://doi.org/10.1037/0003-066X.58.1.5)
- Allen, S. V., & Hopkins, W. G. (2015). Age of peak competitive performance of elite athletes: a systematic review. *Sports Medicine, 45*, 1431-1441.  
[doi.org/10.1007/s40279-015-0354-3](https://doi.org/10.1007/s40279-015-0354-3)
- Armstrong, S., & Oomen-Early, J. (2009). Social connectedness, self-esteem, and depression symptomatology among collegiate athletes versus nonathletes. *Journal of American College Health, 57*, 521-6. [doi.10.3200/JACH.57.5.521-526](https://doi.org/10.3200/JACH.57.5.521-526)
- Arnold, R. S., & Fletcher, D. (2012). A research synthesis and taxonomic classification of the organizational stressors encountered by sport performers. *Journal of Sport and Exercise Psychology, 34*, 397-429. [doi.org/10.1123/jsep.34.3.397](https://doi.org/10.1123/jsep.34.3.397)
- Bathje, G. J., & Pryor, J. B. (2011). The relationships of public and self-stigma to seeking mental health services. *Journal of Mental Health Counselling, 33*, 161–176.  
[doi.org/10.17744/mehc.33.2.g632039274160411](https://doi.org/10.17744/mehc.33.2.g632039274160411)
- Baum, A. L. (2005). Suicide in athletes: a review and commentary. *Clinical Sports Medicine, 24*, 853-69. [doi.org/10.1016/j.csm.2005.06.006](https://doi.org/10.1016/j.csm.2005.06.006)
- Beiter, R., Nash, R., McCrady, M., Rhodes, D., Linscomb, M., Clarahan, M., & Summut, S. (2015). The prevalence and correlates of depression, anxiety and stress in a sample of



- Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: one strategy for lessening confusion plaguing recovery. *Journal of Mental Health, 16*, 1–12. doi.org/10.1080/09638230701482394
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215–229. doi.org/10.1348/014466599162782
- Fine, M., & Torre, M. E. (2006). Intimate details: Participatory action research in prison. *Action Research, 4*, 253–269. doi.10.1177/1476750306066801
- Fletcher, T. B., Benschoff, J. M., & Richburg, M. J. (2003). A systems approach to understanding and counselling college student-athletes. *Journal of College Counselling, 6*, 35–45. doi: 10.1002/j.2161-1882.2003.tb00225.x
- Galli, N., Petrie, T. A., Greenleaf, C., Reel, J. J., & Carter, J. E. (2014). Personality and psychological correlates of eating disorder symptoms among male collegiate athletes. *Eating Behaviours, 15*, 615–8. doi:1016/j.eatbeh.2014.08.007
- Gouttebauge, V., Frings-Dresen, M., & Sluiter, J. (2015). Mental and psychosocial health among current and former professional footballers. *Occupational Medicine, 65*, 190–6. doi.org/10.1093/occmed/kqu202
- Gulliver, A., Griffiths, K. M., Mackinnon, A., Batterham, P. J., & Stanimirovic, R. (2015). The mental health of Australian elite athletes. *Journal of Science and Medicine in Sport, 18*, 255–261. doi.10.1016/j.jsams.2014.04.006
- Hughes, L., & Leavey, G. (2012). Setting the bar: athletes and vulnerability to mental illness. *British Journal of Psychiatry, 200*, 95–6. doi.10.1192/bjp.bp.111.095976
- Jowett, S. (2003). When the honeymoon is over: a case study of a coach-athlete relationship in crisis. *The Sports Psychologist, 17*, 444–460. doi.org/10.1123/tsp.17.4.444

- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207–222. doi.10.2307/3090197
- Keyes, C. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95-108. doi/10.1037/0003-066X.62.2.95
- Kilgour, C., & Fleming, V. (2000). An action research inquiry into a health visitor parenting programme for parents of pre-school children with behavioural problems. *Journal of Advanced Nursing*, 32, 682-688. doi.org/10.1046/j.1365-2648.2000.01528.x
- Lax, W., & Galvin, K. (2002). Reflections on a community action research project: Interprofessional issues and methodological problems. *Journal of Clinical Nursing*, 11, 376–386. doi.org/10.1046/j.1365-2702.2002.00622.x
- Marchant, D., & Gibbs, P. (2004). Ethical considerations in treating borderline personality in sport: a case example. *Sports Psychologist*, 18, 317-323. doi.org/10.1123/tsp.18.3.317
- Department for digital culture media and sport, MIND & Sport and recreation alliance. (2018). *Action plan: Mental health in elite sport*. Retrieved from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691770/180320\\_FINAL\\_Mental\\_Health\\_and\\_Elite\\_Sport\\_Action\\_Plan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/691770/180320_FINAL_Mental_Health_and_Elite_Sport_Action_Plan.pdf)
- MIND (2014). *Performance matters: Mental health in elite sport*. Retrieved from: <https://www.mind.org.uk/media/1085139/Mental-Health-and-Elite-Sport.pdf>
- Noblet, A., & Gifford, S. (2002). The sources of stress experienced by professional Australian footballers. *Journal of Applied Sport Psychology*. 14, 1–13. doi.10.1080/10413200209339007

- Noblet, A., Rodwell, J., & McWilliams, J. (2002). The job strain model is enough for managers. *Journal of Management Psychology*, *16*, 635–649.  
doi:10.1108/EUM0000000006304
- Reardon, C. L., & Factor, R. M. (2010). Sports psychiatry: a systematic review of diagnosis and medical treatment of mental illness in athletes. *Sports Medicine*, *40*, 961-80. doi.10.2165/11536580-000000000-00000.
- Schaal, K., Tafflet, M., Nassif, H., Valérie, T., Pichard, C., Mathieu, A.,.....Toussaint, J, F., (2011). Psychological balance in high level athletes: gender-based differences and sport-specific patterns. *PLoS ONE*, *6*. doi.org/10.1371/journal.pone.0019007
- Schwenk T, L. (2000). The stigmatisation and denial of mental illness in athletes. *British Journal of Sports Medicine*, *34*, 4–5. doi.org/10.1136/bjism.34.1.4
- Sheinbein, S. (2016). Psychological effect of injury on the athlete: a recommendation for psychological intervention. *Journal of the American Medical Athlete Association*, *29*, 8.
- Stambulava, N. B., Wrisberg, C. A., & Ryba, T, V. (2006). A tale of two traditions in applied sports psychology. The hayday of soviet sport and wake-up calls for North America. *Journal of Applied Sports Psychology*, *18*, 173-184.  
doi.org/10.1080/10413200600830182
- Stringer, E (1996). *Action research: A handbook for practitioners*. London: Sage.
- Sungat-borgan, J., & Torstveit, M, K. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sports Medicine*, *14*, 25-32.
- Tibbert, S. J., Anderson, M. B., & Morris, T. (2015). What a difference a ‘mentally toughening’ year makes: the acculturation of a rookie. *Psychology of Sport and Exercise*, *7*, 68-78. doi.org/10.1016/j.psychsport.2014.10.007

- Uphill, M., Sly, D., & Swain, J. (2016). From mental health to mental wealth in athletes: looking back and moving forward. *Frontiers in Psychology, 7*, 935.  
doi.10.3389/fpsyg.2016.00935
- Watson, J. (2005). College student-athletes' attitudes towards help-seeking behaviour and expectations of counselling services. *Journal of College Student Development, 46*, 442-449. doi.10.1353/csd.2005.0044
- Watson, J. C. (2006). Student-athletes and counselling: Factors influencing the decision to seek counselling services. *College Student Journal, 40*, 35-42.  
doi.org/10.1179/1935739714Z.00000000022
- Wetherill, R. R., & Fromme, K. (2007). Alcohol use, sexual activity and perceived risk in high school athletes and non-athletes. *Journal of Adolescent Health, 41*, 294-301.  
doi.org/10.1016/j.jadohealth.2007.04.019
- Whannel, G. (2007). Mediating masculinities: The production of media representations in sport. In C. Carmichael Atkinson (Ed.), *Sport and gendered identities: Masculinities, femininities, and sexualities* (pp. 7–21). London: Routledge.
- Wilson, C. J., Rickwood, D., & Deane, F. P. (2007). Depressive symptoms and help-seeking intentions in young people. *Clinical Psychologist, 11*, 98–107.  
doi:10.1080/13284200701870954
- Wolanin, A., Gross, M., & Hong, E. (2015). Depression in athletes: prevalence and risk factors. *Current Sports Medicine Reports, 14*, 56–60.  
doi.10.1249/JSR.0000000000000123





## Section C: Appendix of Supporting Material

### Contents

Appendix A: Critical appraisal skills programme checklist.....	2
Appendix B: The effective public health practice project checklist.....	8
Appendix C: Information sheet.....	16
Appendix D: Consent sheet.....	19
Appendix E: Interview schedule (scholarship athlete).....	20
Appendix F: Interview schedule (scholarship mentor/staff).....	24
Appendix G: Focus group Schedule.....	28
Appendix H: Recommendations.....	29
Appendix I: Example analysis of individual interview. <i>This has been removed from the electronic copy</i> .....	33
Appendix J: Example of focus group analysis. <i>This has been removed from the electronic copy</i> .....	34
Appendix K: Extract of reflective diary. <i>This has been removed from the electronic copy</i> .....	35
Appendix L: Research and development approval letter. <i>This has been removed from the electronic copy</i> .....	36
Appendix M: Feedback letter to be sent to participants.....	37
Appendix N: End of study letter to be sent to ethics panel.....	39
Appendix O: Thematic analysis table.....	42
Appendix P: Thematic analysis mind maps.....	68
Appendix Q: Author guidance for Journal of Clinical Sport Psychology.....	74

## Appendix A: Critical appraisal skills programme checklist

**CASP Checklist:** 10 questions to help you make sense of a **Qualitative** research

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

**About:** These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

**Referencing:** we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/> [www.casp-uk.net](http://www.casp-uk.net)

## Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
  - why it was thought important
  - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
  - Is qualitative research the tight methodology for addressing the research goal

Comments:

## Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- 2. If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
  - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
  - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
    - If methods were modified during the study. If so, has the researcher explained how and why
    - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
      - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

### Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

3. If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there is an in-depth description of the analysis process
  - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
  - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
  - If sufficient data are presented to support the findings
    - To what extent contradictory data are taken into account
  - Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider whether
- If the findings are explicit
  - If there is adequate discussion of the evidence both for and against the researcher's arguments
  - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
  - If the findings are discussed in relation to the original research question

Comments:



Section C: Will the results help locally?

10 How valuable is the research?

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-
- If they identify new areas where research
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

## Appendix B: The effective public health practice project checklist



### QUALITY ASSESSMENT TOOL FOR QUANTITATIVE STUDIES

#### COMPONENT RATINGS

##### A) SELECTION BIAS

**(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?**

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely
- 4 Can't tell

**(Q2) What percentage of selected individuals agreed to participate?**

- 1 80 - 100% agreement
- 2 60 - 79% agreement
- 3 less than 60% agreement
- 4 Not applicable
- 5 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

##### B)

**Indicate the study design**

- 1 Randomized controlled trial
- 2 Controlled clinical trial
- 3 Cohort analytic (two group pre + post)
- 4 Case-control
- 5 Cohort (one group pre + post (before and after))
- 6 Interrupted time series
- 7 Other specify \_\_\_\_\_
- 8 Can't tell

**Was the study described as randomized? If NO, go to Component C.**

No Yes

**If Yes, was the method of randomization described? (See dictionary)**

No Yes

**If Yes, was the method appropriate? (See dictionary)**

No Yes

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3



**C) CONFOUNDERS****(Q1) Were there important differences between groups prior to the intervention?**

- 1 Yes
- 2 No
- 3 Can't tell

**The following are examples of confounders:**

- 1 Race
- 2 Sex
- 3 Marital status/family
- 4 Age
- 5 SES (income or class)
- 6 Education
- 7 Health status
- 8 Pre-intervention score on outcome measure

**(Q2) If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?**

- 1 80 – 100% (most)
- 2 60 – 79% (some)
- 3 Less than 60% (few or none)
- 4 Can't Tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

**D) BLINDING****(Q1) Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?**

- 1 Yes
- 2 No
- 3 Can't tell

**(Q2) Were the study participants aware of the research question?**

- 1 Yes
- 2 No
- 3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

**E) DATA COLLECTION METHODS****(Q1) Were data collection tools shown to be valid?**

- 1 Yes
- 2 No
- 3 Can't tell

**(Q2) Were data collection tools shown to be reliable?**

- 1 Yes
- 2 No
- 3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

**F) WITHDRAWALS AND DROP-OUTS**

- (Q1) Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group?**  
 1 Yes  
 2 No  
 3 Can't tell  
 4 Not Applicable (i.e., one time surveys or interviews)
- (Q2) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).**  
 1 80 -100%  
 2 60 -79%  
 3 less than 60%  
 4 Can't tell  
 5 Not Applicable (i.e., Retrospective case-control)

RATE THIS SECTION	STRONG	MODERATE	WEAK	
See dictionary	1	2	3	Not Applicable

**G) INTERVENTION INTEGRITY**

- (Q1) What percentage of participants received the allocated intervention or exposure of interest?**  
 1 80 -100%  
 2 60 -79%  
 3 less than 60%  
 4 Can't tell
- (Q2) Was the consistency of the intervention measured?**  
 1 Yes  
 2 No  
 3 Can't tell
- (Q3) Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results?**  
 4 Yes  
 5 No  
 6 Can't tell

**H) ANALYSES**

- (Q1) Indicate the unit of allocation (circle one)**  
 community    organization/institution    practice/office    individual
- (Q2) Indicate the unit of analysis (circle one)**  
 community    organization/institution    practice/office    individual
- (Q3) Are the statistical methods appropriate for the study design?**  
 1 Yes  
 2 No  
 3 Can't tell
- (Q4) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?**  
 1 Yes  
 2 No  
 3 Can't tell

**GLOBAL RATING**

**COMPONENT RATINGS**

Please transcribe the information from the gray boxes on pages 1-4 onto this page. See dictionary on how to rate this section.

<b>A</b>	<b>SELECTION BIAS</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
<b>B</b>	<b>STUDY DESIGN</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
<b>C</b>	<b>CONFOUNDERS</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
<b>D</b>	<b>BLINDING</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
<b>E</b>	<b>DATA COLLECTION METHOD</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
<b>F</b>	<b>WITHDRAWALS AND DROPOUTS</b>	<b>STRONG</b>	<b>MODERATE</b>	<b>WEAK</b>
		1	2	3
				Not Applicable

**GLOBAL RATING FOR THIS PAPER (circle one):**

- 1      STRONG                      (no WEAK ratings)
- 2      MODERATE                  (one WEAK rating)
- 3      WEAK                            (two or more WEAK ratings)

With both reviewers discussing the ratings:

Is there a discrepancy between the two reviewers with respect to the component (A-F) ratings?

- No      Yes

If yes, indicate the reason for the discrepancy

- 1      Oversight
- 2      Differences in interpretation of criteria
- 3      Differences in interpretation of study

**Final decision of both reviewers (circle one):**

- 1      STRONG**
- 2      MODERATE**
- 3      WEAK**

**CRITICAL APPRAISAL SKILLS PROGRAMME**  
**Making sense of evidence about clinical effectiveness**



10 questions to help you make sense of qualitative research

These questions consider the following:

*Are the results of the review valid?*

*What are the results?*

*Will the results help locally?*

A number of italicised prompts are given after each question. These are designed to remind you why the question is important. There will not be time in the small groups to answer them all in detail!

©CASP This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. To view a copy of this license, visit

<http://creativecommons.org/licenses/by-nc-sa/3.0/>

### Screening Questions

**2. Was there a clear statement of the aims of the research?**

*Consider:*

- *What the goal of the research was*
- *Why is it important*
- *Its relevance*

**3. Is a qualitative methodology appropriate?**

*Consider:*

- *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*

### Detailed questions

**4. Was the research design appropriate to address the aims of the research?**

*Consider:*

- *If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?*

**4. Was the recruitment strategy appropriate to the aims of the research?**

*Consider:*

- *If the researcher has explained how the participants were selected*
- *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*
- *If there are any discussions around recruitment (e.g. why some people chose not to take part)*

**5. Were the data collected in a way that addressed the research issue?**

Consider:

- *If the setting for data collection was justified*
- *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*
- *If the researcher has justified the methods chosen*
- *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?*
- *If methods were modified during the study. If so, has the researcher explained how and why?*
- *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*
- *If the researcher has discussed saturation of data*

**6. Has the relationship between researcher and participants been adequately considered?**

Consider:

- *If the researcher critically examined their own role, potential bias and influence during:*
  - *Formulation of the research questions*
  - *Data collection, including sample recruitment and choice of location*
- *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design*

**7. Have ethical issues been taken into consideration?**

Consider:

- *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*
- *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*
- *If approval has been sought from the ethics committee*

### 8. Was the data analysis sufficiently rigorous?

Consider:

- *If there is an in-depth description of the analysis process*
- *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?*
- *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*
- *If sufficient data are presented to support the findings*
- *To what extent contradictory data are taken into account*
- *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation*

### 9. Is there a clear statement of findings?

Consider:

- *If the findings are explicit*
- *If there is adequate discussion of the evidence both for and against the researcher's arguments*
- *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*
- *If the findings are discussed in relation to the original research question*

### 10. How valuable is the research?

Consider:

- *If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?*
- *If they identify new areas where research is necessary*
- *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

**Appendix C: Information sheet****Project Title: An Action Research Approach to Developing Psychological Interventions to increase Wellbeing in Student Scholarship Athletes****PARTICIPANT INFORMATION SHEET**

My name is Kate Henderson, I am a Trainee Clinical Psychologist studying at Canterbury Christ Church University (CCCU). My project is being sponsored by the Salomons Centre for Applied Psychology and is supervised by Dr Mark Uphill and Dr Daniel Salter.

**Background**

Previous research suggests that student athletes experience levels of mental health difficulties comparable with the general population, but are less likely to access psychological support.

**What will this project achieve?**

This project aims to develop recommendations for those working with student scholarship athletes at [REDACTED] on how to support their psychological needs and increase their mental wellbeing.

**What will you be required to do?**

An individual can only be in one phase of the project, i.e either completing an individual interview (phase 1) or participating in the focus group (phase 2).

**Individual Interview:** The interview will take approximately 1 hour. It will include questions on areas such as: what language is used to discuss psychological issues; how much of a problem is it for sport scholarship athletes; any barriers to accessing support; your views on the current psychological support on offer and how this could be improved for student-athletes. This information will be used to develop themes, which will be shared in the focus group.

**Focus Group:** The focus group will take approximately 1.5 hours. Group members will be asked to form recommendations or actions from the anonymized content of the individual interviews.

The themes developed from the individual interviews will be discussed in the focus group. Consent will be required to share direct quotes from the interviews that have been anonymised. Any identifying features will be removed from these quotes and conversations will be minimised around specific episodes or examples that could identify individuals.

**To participate in this research, you must be:**

- Over 18 years old



- A scholarship athlete **or** a member of sports staff **or** an athlete mentor.

### **Feedback**

Following completion of the project you will be emailed a brief outline of the results of the investigation and asked to comment on your experience of taking part in this research project. The research will be published in a public forum following completion; details of this will be emailed to you on publication, which will give you the opportunity to read the full report if desired.

### **Confidentiality and Rights**

All data and personal information will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Kate Henderson. After completion of the study, all data will be made anonymous.

Your responses within the focus groups and interviews will be audio recorded, transcribed and saved to encrypted USB at the university (which will be held up to 10 years after the study). Information from the interviews may be discussed within the focus group, but will be kept anonymous. Also, direct quotes may be included in the write up of this investigation and future publications, however your name and identity will not be attached to this information at any time. Participation is confidential, however information will only be shared where there appears to be sufficient evidence to raise serious concern about: 1) your safety, 2) the safety of others or 3) the health, wellbeing or safety of children or vulnerable adults.

You have the right to decline to answer any questions included in this research and you may decide to stop being a part of the research study at any time without explanation or request that any data you have supplied to that point be withdrawn/destroyed.

### **Benefits and Risks**

Due to the potentially sensitive nature of the topic there is a possibility that some minor distress may be caused in the talking process. However, you are asked to only disclose information that you feel comfortable sharing with others and participation is voluntary.

If you have any concerns about your own or others' mental health please contact either the below resources, your General Practitioner or the researcher for further advice.

[www.nhs.uk/mentalhealth](http://www.nhs.uk/mentalhealth)

[www.mind.org.uk](http://www.mind.org.uk)

[www.sane.org.uk](http://www.sane.org.uk)

Each individual who participates in the study will be given a £10 Amazon voucher as an appreciation of the time that they gave to take part in the study.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact me. Should you decide to participate, you will be free to withdraw at any time without having to give a reason.

**Any questions?**

Please contact me on [k.henderson456@canterbury.ac.uk](mailto:k.henderson456@canterbury.ac.uk). If you would like to make a complaint at any time during the project please contact Paul Camic, Research Director (Salomons) on [paul.camic@canterbury.ac.uk](mailto:paul.camic@canterbury.ac.uk).

**Appendix D: Consent sheet**



Canterbury Christchurch University, Faculty of Social and Applied Sciences,  
Clinical Psychology Doctoral Programme Major Research Project

**CONSENT FORM**

**Project Title:** An Action Research Approach to Developing Psychological Interventions to increase wellbeing in Student Scholarship Athletes

**Name of Researcher:** Kate Henderson (Under the supervision of Dr Mark Uphill and Dr Dan Salter)

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers (referred to above) will be kept strictly confidential. I give permission for these individuals to have access to my responses.
4. I understand that although my responses to the research will be anonymous, the researcher may quote me directly in their research. However, my name and identifying information will not be attached to this information.
5. I am aware that, although my responses to the research will be anonymous, if the researcher has concerns about my safety or the safety of others they will be obliged to share this information.
4. I agree to take part in the above study.


\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **Appendix E: Interview schedule (scholarship athlete)**

### **Student Scholarship Athletes Interview**

#### **Introduction**

This interview aims to get a clearer sense of what it's like to be a student scholarship athlete at [REDACTED]. It also aims to get an idea of how psychological issues are expressed and dealt with within this group. Additionally, it considers what psychological support is currently on offer and any barriers there may be to accessing it. It aims to make recommendations for improvements to the psychological services on offer to student scholarship athletes, increasing accessibility to the student scholarship athletes and therefore increasing their general wellbeing.

You are reminded that information will be kept confidential. However, quotes and themes from the interviews may be repeated in the next phase of the project (the focus group) and may be included in the final report.

#### **Background**

- 1) Could you tell me a bit more about how you came to study here at [REDACTED] and became a student scholarship athlete? (sport, subject, year of study, relocation)
  
- 2) I'm trying to understand a little more about what it is like to be a sports scholar at [REDACTED]. Tell me about your experiences of being a sports scholar. (training, coursework, eating, sleeping, socialising, friends, family, support networks – these elements could represent “probes” (Patton, 1990))
  
- 3) We all have ups and downs as individuals during our life course...
  - a. When have things been at their best for you at [REDACTED]? Can you talk me through that time?
  - b. When have things been at their worst for you at [REDACTED]? Can you talk me through that time?
  
- 4) How is it juggling both your academic and sporting commitments?

#### **Experience of psychological support**

I'm trying to understand more about your understanding and possibly experiences of psychological support available at [REDACTED]...

- 5) What support or services are available to you to enhance your well-being (or mental health)?

#### **Language**

- 6) Have you heard of any student scholarship athletes (either yourself or someone else) discussing psychological issues or their own mental health? Whilst respecting someone's confidentially, did you notice.....

- a) What language was used? Is there a preferable term(s) used by student scholarship athletes within the context of a [REDACTED]? For instance, psychological conditions, mental illness, decline in psychological well-being or a particular diagnosis etc...
- b) Do you remember in what way it was spoken about?
- c) Do you remember how the recipient responded?

### **Views on Mental Health**

Mental health is a term that's widely used and individuals can interpret this differently.

- 7) What do you understand by the term mental health?
- 8) How much do you think mental health issues are a problem for student scholarship athletes, in your opinion?
- 9) What do you believe to be the most common mental health issue that a student scholarship athlete might face?
  - a) Do you have any views on why this particular condition might be more likely?
- 10) Are there any other issues that you have seen athletes struggle with?
- 11) Do you believe this to be the same or different to the general public?
- 12) Do you have any experience of how this condition can go on to affect an individual's functioning and day to day well-being?

### **Experience of psychological support**

- 13) Can you think of a time when you or a fellow Student Scholarship Athlete was struggling with their mental health?
  - a) If so, how did you cope/do you know how they coped with it?
  - b) What support did you/they gain (if any) from services [REDACTED] or there GP?

- c) What support did you/they gain from people in your/their network? i.e. friends or sports coach.
- d) Which was the most valuable type of support you/they gained? Why?
- e) Did you or the fellow student notice a difference in your/their mental health following the support?

**Type of support**

- 14) What types of support are currently on offer to Student Scholarship Athletes who are experiencing psychological difficulties?
- 15) How do you, or others that have used them, rate these services?
- 16) Do you think these services provide everything a Student Scholarship Athlete would need to support their mental health?
- 17) Does the package of support on offer to a student scholarship athlete include information on how to look after your general wellbeing? If not, would you see more support in this area as useful?

**Barriers to accessing support**

- 18) Is there a set process that individuals have to follow to access mental health/counselling services within [REDACTED]?
- 19) Would all Student Scholarship Athlete's know how to access this psychological support if/when required?
- 20) Can you think of any barriers to easily accessing this support? (time, procedure, certain groups less likely, criteria)?
- 21) Can you think of any particular reasons that student scholarship athletes would decide to NOT go to services for support or find it hard to openly talk about their psychological needs?
- 22) Can you think of ways that this support could be more easily accessed by student scholarship athletes?

**Improvements to support**

- 23) What areas do you think may be important to consider from a student scholarship athlete's point of view, if we wanted to try and improve the accessibility and suitability of the psychological support on offer?
- 24) Are services responsive to the range of needs presented by athletes?
- 25) Do you believe scholarship athletes would benefit from any additional psychological support from [REDACTED] or the NHS?
- a) If so, what condition would the treatment be predominantly for?
  - b) What might the treatment look like?
  - c) How much change do you think would have to be made to what's already on offer, to allow this support to be available?
- 26) What features would an ideal psychological support service for Student Scholarship Athletes contain? (how, when, what, where, who).

Any further comments?.....

## Appendix F: Interview schedule (mentor/staff)

### Staff Interview

#### Introduction

This interview aims to get a clearer sense of what it's like to be a student scholarship athlete at [REDACTED]). It also aims to get an idea of how psychological issues are expressed and dealt with within this group. Additionally, it considers what psychological support is currently on offer and any barriers there may be to accessing it. It aims to make recommendations for improvements to the psychological services on offer to student scholarship athletes, increasing accessibility to the student scholarship athletes and therefore increasing their general wellbeing.

You are reminded that information will be kept confidential. However, quotes and themes from the interviews may be repeated in the next phase of the project (the focus group) and may be included in the final report.

#### Background

[REDACTED] Without mentioning any names, could you tell me a bit more about the sports and academic subjects that your students are part of here in [REDACTED]

28) I'm trying to understand a little more about what it is like to be a sports scholar at [REDACTED]. Tell me about your understanding of being a sports scholar. (training, coursework, eating, sleeping, socialising, friends, family, support networks –

29) We all have ups and downs as individuals during our life course...Considering your sports scholars experience at [REDACTED]

- a. When have things been at their best for them at [REDACTED]? Can you talk me through that time?
- b. When have things been at their worst for them at [REDACTED]? Can you talk me through that time?

30) How do they appear to experience juggling both their academic and sporting commitments?

#### Experience of psychological support

I'm trying to understand more about your understanding and possibly experiences of psychological support available at [REDACTED]...

31) What support or services are available to the scholars to enhance their well-being (or mental health)?

#### Language

32) Have you heard of any student scholarship athletes or members of the support staff (either yourself or someone else) discussing psychological issues or their own mental health? Whilst respecting someone's confidentiality, did you notice.....



- d) What language was used? Is there a preferable term(s) used by individuals within the context of a [REDACTED]? For instance, psychological conditions, mental illness, decline in psychological well-being or a particular diagnosis etc...
- e) Do you remember in what way it was spoken about?
- f) Do you remember how the recipient responded?

### **Views on Mental Health**

Mental health is a term that's widely used and individuals can interpret this differently.

- 33) What do you understand by the term mental health?
- 34) How much do you think mental health issues are a problem for student scholarship athletes, in your opinion?
- 35) What do you believe to be the most common mental health issue that a student scholarship athlete might face?
  - b) Do you have any views on why this particular condition might be more likely?
- 36) Are there any other issues that you have seen athletes struggle with?
- 37) Do you believe this to be the same or different to the general public?
- 38) Do you have any experience of how this condition can go on to affect an individual's functioning and day to day well-being?

### **Experience of psychological support**

- 39) Can you think of a time when a Student Scholarship Athlete was struggling with their mental health?
  - f) If so, how did they cope with it?
  - g) What support did they gain (if any) from services [REDACTED] or their GP?

- h) What support did they gain from people in their network? i.e. friends, mentor or sports coach.
- i) Which was the most valuable type of support they gained? Why?
- j) Did you notice a difference in their mental health following the support?

**Type of support**

- 40) What types of support are currently on offer to Student Scholarship Athletes who are experiencing psychological difficulties?
- 41) How do individuals that have used them, rate these services?
- 42) Do you think these services provide everything a Student Scholarship Athlete would need to support their mental health?
- 43) Does the package of support on offer to a student scholarship athlete include information on how to look after your general wellbeing? If not, would you see more support in this area as useful?

**Barriers to accessing support**

- 44) Is there a set process that individuals have to follow to access mental health/counselling services within [REDACTED]?
- 45) Would all Student Scholarship Athlete's know how to access this psychological support if/when required?
- 46) Can you think of any barriers to easily accessing this support? (time, procedure, certain groups less likely, criteria)?
- 47) Can you think of any particular reasons that student scholarship athletes would decide to NOT go to services for support or find it hard to openly talk about their psychological needs?
- 48) Can you think of ways that this support could be more easily accessed by student scholarship athletes?

**Improvements to support**

- 49) What areas do you think may be important to consider from a student scholarship athlete's point of view, if we wanted to try and improve the accessibility and suitability of the psychological support on offer?
- 50) Are services responsive to the range of needs presented by athletes?
- 51) Do you believe scholarship athletes would benefit from any additional psychological support from [REDACTED] or the NHS?
- d) If so, what condition would the treatment be predominantly for?
- e) What might the treatment look like?
- f) How much change do you think would have to be made to what's already on offer, to allow this support to be available?
- 52) What features would an ideal psychological support service for Student Scholarship Athletes contain? (how, when, what, where, who).

Any further comments?.....

**Appendix G: Focus group schedule****Project Title: An Action Research Approach to Developing Psychological Support to Improve Mental Wellbeing in Student Scholarship Athletes****FOCUS GROUP SCHEDULE****Introduction**

Hello. My name is Kate Henderson. I am a Trainee Clinical Psychologist studying at Canterbury Christ Church University (CCCU).

I am interested in improving psychological support on offer to student scholarship athletes. It is known that athletes experience similar levels of mental health conditions as the general population, however they do not appear to access services as often. My research aims to investigate further the psychological needs of scholarship athletes and whether specific alterations could be made to improve the psychological support on offer to student scholarship athletes.

The aim of this group is to use the themes taken from phase one of the project; the individual interviews, to develop recommendations and/or actions for making improvements to the psychological support on offer to student scholarship athletes.

**Procedure**

I will start by highlighting the main themes and their content before giving you the opportunity to develop some actions. I may use some guiding questions and prompts to encourage discussion in certain areas, but you will be free to discuss the topics as they develop within the group discussions.

**Group Agreements:** (developed by the group)

**Themes from interviews and thematic maps were shared:**

- 1) Transitions/changes
- 2) Demands
- 3) Discourse
- 4) Psychological distress
- 5) Support accessed
- 6) Ideas for improvement

**Summarise content of group**

Thank you for participation

**Appendix H: Recommendations****Recommendations from Focus Group****(25<sup>th</sup> January 2018)**

<b>Issues Identified</b>	<b>Suggested action</b>
<p><b>Mentor relationship.</b> It felt important to have a discussion about whether the mentor relationship was working for the athlete. Perhaps followed by consideration as to whether to continue in this relationship or shift to a different mentor.</p>	<ul style="list-style-type: none"> <li>-sharing mentor profiles?</li> <li>-scholars making suggestions as to who they would like to work with? (but concerns about some mentors being more popular).</li> <li>-Making it clear that they are able to inform [REDACTED] if their mentor relationship is not working.</li> <li>- getting feedback from each meeting (or making this a wider evaluation of the scholar program).</li> </ul>
<p><b>Mentor meetings.</b> On the first meeting with scholars, information could be shared on the mental health support services on offer to students at [REDACTED]. Scholars felt that some local knowledge about sports clubs would be very beneficial to them.</p>	<ul style="list-style-type: none"> <li>-a leaflet or pathway could be developed to share this information clearly with the scholars.</li> <li>-Mentors could support athletes to source the most suitable local team, by signposting them to clubs.</li> </ul>
<p><b>Mentor/Coaches mental health knowledge.</b> Discussed the lack of knowledge in this area from some, and the need to have a basic understanding of mental health in order to know and being confident enough to understand, identify and respond in the best way.</p>	<p>Some mentors and staff have attended a mental health first aid course, but consideration was made as to whether all mentors should attend. Either that training or some other type of training was considered on counselling skills or types of questioning.</p>
<p><b>Prevention of stress.</b> Sports scholars experience many changes, transitions, stresses and pressures.</p>	<p>It might be useful to have an early meeting with scholars to warn them of these common</p>

	difficulties and prepare for how they would deal with them.
<p><b>Application process.</b> Currently the process is an online application and no involvement with the scholars before. Maybe before the start of the position, the scholars should be given some more information on: what they are there for? what are their roles? what are the requirements of their role? However, there were concerns about how to find the time and resources for this additional process as part of the application process and how this may slow the process down.</p>	<p>-maybe a video could be developed on current scholars' experiences (demands, positive and negatives).</p>
<p><b>Drinking culture.</b> Making it ok to decide to not drink when at sporting social events (normally Wednesday night).</p>	<p>-Captains, vice captains and presidents are influential members of a team that should share certain messages about including all members of a team, irrespective of their choice about whether they drink alcohol.</p> <p>-other types of social activities should be offered, that do not always involve alcohol and aim to also develop the team bonding process.</p> <p>-The impact should be understood of how people might feel when they are not accepted as part of the group or the odd one out.</p> <p>-scholars normally drink less alcohol than other sportspeople at university, as their focus may be more towards their sport or the juggling of other demands, than drinking.</p> <p>- committee meeting would be a good place to attend to share some of these concerns and develop new ideas. Evidence about how the drinking cultures affects mental health of scholars might be beneficial to the meeting.</p>

<p><b>Living arrangements.</b> Some scholars considered how their living environments were hard for them to be comfortable in. They would be kept awake late and immersed in the drinking culture. Some talked about how they would prefer to live with fellow scholars, whose routines and lifestyle may have been more similar to theirs. This may impact on the point above regarding alcohol too.</p>	<p>- [REDACTED] – director of [REDACTED] Sport may be the best contact in relation to accommodation.</p>
<p><b>Scholar social events.</b> Scholar requested more opportunities to get to know others scholars. They felt this would increase relationships, support between each other and decrease psychological distress.</p>	<p>-within the first year, their first meeting could be attended by all scholars and within this meeting the buddie scheme could be set up. This could be an away-day (?), where the first part of the meeting is used to share information and then the 2<sup>nd</sup> and 3<sup>rd</sup> years attend after this to set up the buddy system. - the next step was to get their views/ideas on a social event (which also might be part of a wider evaluation). Do they even want more social events? -there could be a small scholar committee who organise social events.</p>
<p><b>Buddy system.</b> Could be used to give the scholars someone to look up to, talk to and get advice from.</p>	<p>-may occur at the first meeting as a way to link in with others and develop relationships with other scholars.</p>
<p><b>Sport lab workshops.</b> Overall were described as beneficial and positive. Some felt that this could also be an opportunity to get to know other scholars, if activities were sometimes more interactive. Staff from sports lab considered asking members of the student support to attend to present on the services they have to offer.</p>	<p>This could be part of the lifestyle workshop.</p>
<p><b>Sports psychology.</b> Requests for additional support in this area. The group were unclear of the boundary around sports performance and mental health in some cases.</p>	<p>[REDACTED] sport/sports lab to consider how this might be taken forward and in what format.</p>

**Evaluation.** Members of the team still want additional feedback on how the workshops are going and ideas for events etc.

-could be completed at the last mentor meeting at the end of each year or as part of the last workshop.

- It could be in a questionnaire format or asking scholar to complete post-it notes (as part of a workshop) on certain points.

-concerns about response rate if questionnaire is emailed out to scholars. Members of the group felt that motivation may increase if it was made clear that their responses could change things next year.

**Psychological interventions.** Firstly, to increase knowledge and start conversations about mental health. Work on prevention of mental health.

-scholars felt that they would like to hear about other athletes' experiences of mental health/psychological distress.

-such as planning for stress, pressure and getting support from others around (linked with lots of points above).



**Appendix I: Example analysis of individual interview.** *This has been removed from the electronic copy.*

**Appendix J: Example of focus group analysis.** *This has been removed from the electronic copy.*

**Appendix K: Extract of reflective diary.** *This has been removed from the electronic copy.*

**Appendix L: Research and Approval Letter.** *This has been removed from the electronic copy.*

**Appendix M: Feedback Letter to be Sent to Participants.**

Dear (name of participant)

**Project title:** *An Action Research Approach to Developing Psychological Support to Improve Mental Wellbeing in Student Scholarship Athletes.*

As you may remember a few months ago you kindly took part in my investigation with the aim of exploring scholarship athletes, mentors and sports staffs experience of mental health issues and their views on the psychological support on offer. Now that I have completed all three phases of the project (1, individual interviews, 2, a focus group and 3, a list of recommendations) and analysed the data, I am writing to you to summarise what I have found.

In **phase 1**, seven scholarship athletes and two mentors completed an individual interview and the main themes that arose from this were; 1) issues with **transitions and change**, which may have been in sport or their living arrangements, 2) the impact of the **multitude of demands**, 3) lack of agreed **discourse around mental health** and an expectation that an athlete should be mentally tough and negative judgements made towards mental health conditions, 4) scholarship athletes described either experiencing or having seen a peer experience a range of forms of **psychological distress** and talked about anxiety, depression and stress more commonly. They talked about how this distress was often associated with the demands they were under or internal pressure that they put themselves under, 5) some participants described the **support accessed** and how they positively rated the mentor support and counselling they had received, but the wait for counselling was too long, 6) There were many **ideas for improvement** to the services such as, providing a bespoke psychological service for sports people, making services more available at different hours or in different forms, learning more about mental health and how to deal with certain conditions and the services involving athlete role models, increasing social networking between scholarship athletes, making alterations to the mentor support and increased sports psychology provision.

These themes were shared in more detail in **phase 2** of the project; the focus group, in which five participants worked on developing a list of recommendations (**Phase 3**), to instigate change in this area. A summary of the main recommendations were:

- Making adjustments to the mentor support on offer
- Mentors gaining additional training in mental health
- Sharing additional information with scholars on the student support services
- Preparing scholars for the potential demands ahead
- Increasing the opportunities for scholarship athletes across the years to socialise as a group, through making changes to, the workshops and living arrangements, including additional social events, and starting a buddie scheme
- Additional sports psychology provision
- Making changes to the way sports teams socialise, by including other options as well as drinking alcohol. I agreed to share information on the project at a committee meeting, which might also influence this process
- Gaining feedback/evaluation on the sports scholarship programme from scholarship athletes perspective

- Increase knowledge of mental health for athletes and the surrounding system
- Start more conversations about mental health
- Encourage the prevention of mental health conditions and increase mental wellbeing

Certain members of the group agreed to work further on some of these recommendations, as well as myself agreeing to share the project at a future committee meeting.

Your participation in this study has been hugely appreciated and I hope that you enjoyed taking part. I am hoping that the findings of this investigation will be helpful to athletes and the people in their surrounding support system, to increase understanding and make some positive change in the provision of mental health support, as well as encourage further research into how athletes understand their mental conditions and what psychological interventions may be best to support them with these issues.

If you have any questions regarding the study, please do not hesitate to contact me on 07743 428737 or [k.henderson456@canterbury.ac.uk](mailto:k.henderson456@canterbury.ac.uk)

Yours sincerely

**Kate Henderson**  
Trainee Clinical Psychologist  
Salomons Centre for Applied Psychology  
Canterbury Christ Church University  
1 Meadow Road  
Tunbridge Wells  
Kent  
TN1 2YG

## Appendix N: End of Study Letter to be Sent to Ethics Panel

Dear

**Project title:** *An Action Research Approach to Developing Psychological Support to Improve Mental Wellbeing in Student Scholarship Athletes.*

### Background:

Previous research indicates that athletes may have comparable (Gulliver, Griffiths, Mackinnon, Batterham & Stanimirovic, 2015) or slightly increased rates (Sungot-borgan & Torstveit's, 2004) of mental health conditions. Student-athletes are in a stage in their lives where they are often experiencing many pressures and stresses (Armstrong & Oomen, 2009), that may put them in a prime position to experience psychological distress (Arnold & Fletcher, 2012), but they underutilize the psychological services available to them (Watson, 2006). This could be due to various issues, such as; lack of understanding of symptoms (Schwenk, 2000), athlete culture (Tibbert, Anderson & Morris, 2015), not wanting to deviate from their athlete identity (Brooks & Bull, 2001), attitudes towards help-seeking (Watson, 2005), social stigma (Reardon & Factor, 2010), their expectations of what psychological support could offer (Watson, 2006) and more practical barriers like lack of available time (Wilson, Rickwood & Deane, 2007).

The present study aimed to understand the experience of psychological distress for a sports scholarship athlete and enable the development of psychological provision that is more likely to be utilised by the athletes.

### Method:

The study employed an action research approach to ensure that the experiential knowledge of the athletes and those in the surrounding context was surfaced (Stringer, 1996). The project had three phases;

- 1) The individual interviews, which involved seven scholarship athletes and two mentors (one was also a member of staff in the sports lab) being interviewed. Data was analysed using thematic analysis, and themes were shared within the focus group.
- 2) A focus group, which included five individuals from the surrounding context (including one scholarship athlete). They further discussed and explored the themes from phase 1 and used them to develop a list of recommendations.
- 3) A list of recommendations was developed based on the findings in phase 1 and 2. This was shared with the participants and some of the recommendations were further actioned.

### Findings:

In **phase 1**, the main themes that arose from this were; 1) issues with **transitions and change**, 2) the impact of the **multitude of demands** that a sports scholarship athlete was under, 3) a lack of agreed **discourse around mental health**, but there was an expectation that an athlete should be mentally tough and negative judgements made towards mental health conditions, 4) scholarship athletes described either experiencing or having seen a peer experience a range of forms of **psychological distress** and talked about anxiety, depression and stress more commonly. They talked about how this distress was often associated with the demands they were under or internal pressure that they put themselves under, 5) some

participants described the **support accessed** and how they positively rated their mentor support and counselling they had received, but the wait for counselling was too long, 6) there were many **ideas for improvement** to the services, such as, providing a bespoke psychological service for sports people, considering more flexible opening hours, learning more about mental health and how to deal with certain conditions and the services that are currently available to help, involving athlete role models in this process, increasing the social networking between scholarship athletes to increase peer support, making possible alterations to the mentor support and increased sports psychology provision.

These themes were shared in more detail in **phase 2** of the project; the focus group, in which a list of recommendations was developed (**Phase 3**), to instigate change in this area. A summary of the main recommendations were:

- Making adjustments to the mentor support on offer
- Mentors gaining additional training in mental health
- Sharing additional information with scholars on the student support services
- Preparing scholars for the potential demands ahead
- Increasing the opportunities for scholarship athletes across the years to socialise as a group, through making changes to, the workshops and living arrangements, including additional social events, and starting a buddie scheme
- Additional sports psychology provision
- Making changes to the way sports teams socialise, by including other options as well as drinking alcohol. I agreed to share information on the project at a committee meeting, which might also influence this process
- Gaining feedback/evaluation on the sports scholarship programme from scholarship athletes perspective
- Increase knowledge of mental health for athletes and the surrounding system
- Start more conversations about mental health
- Encourage the prevention of mental health conditions and increase mental wellbeing

Certain members of the group agreed to work further on some of these recommendations, as well as myself agreeing to share the project at a future committee meeting.

### **Implications:**

The findings suggest that this environment would benefit from additional information on mental health and the best ways to support the mental health of scholarship athletes. In order for this to occur, the whole system surrounding the athlete needs to be involved in this process and better links need to be formed with mental health services and professionals. Additional research investigating conceptualisations of mental health, the best interventions for athletes and how to aim for a more positive mental wellbeing, may be constructive steps to take to increase the mental health and welfare of scholarship athletes.

Yours sincerely



**Kate Henderson**

Trainee Clinical Psychologist  
Salomons Centre for Applied Psychology  
Canterbury Christ Church University  
1 Meadow Road  
Tunbridge Wells  
Kent  
TN1 2YG

**Appendix O: Thematic analysis table****Thematic Analysis**

Themes	Codes
Transitions/ Changes	<ul style="list-style-type: none"> <li>a) Unsuitable living arrangements/drinking culture</li> <li>b) Relocating</li> <li>c) Leaving home/family</li> <li>d) Change in sport</li> </ul>
Multitude of Scholar Demands	<ul style="list-style-type: none"> <li>e) Sporting &amp; university commitments</li> <li>f) Friends &amp; Family</li> <li>g) Working</li> <li>h) Financial</li> <li>i) Management of demands</li> </ul>
Discourse around mental health	<ul style="list-style-type: none"> <li>j) Mental toughness</li> <li>k) Negative view of mental health</li> <li>l) Underreported in sport</li> <li>m) Meaning of words</li> <li>n) Conceptualising mental Health</li> <li>o) Less stigma</li> </ul>
Psychological distress	<ul style="list-style-type: none"> <li>p) Mental health conditions</li> <li>q) Effects on self</li> <li>r) Internal pressure</li> </ul>

<p>Support accessed</p>	<ul style="list-style-type: none"> <li>s) Personality traits</li> <li>t) Physical injury?</li> <li>u) <u>Wellbeing (sub theme)</u></li> <li>v) <u>Wellbeing-</u> Looking after self</li> <li>w) <u>Wellbeing-</u> Sacrifices</li> <li>x) <u>Wellbeing-</u> Sport as a coping mechanism</li> <li>y) Student support centre</li> <li>z) Tutor/lecturer</li> <li>aa) Scholarship programme</li> <li>bb) Family/friends</li> <li>cc) Mentor</li> <li>dd) Sports psychology</li> </ul>
<p>Ideas for improvement</p>	<ul style="list-style-type: none"> <li>ee) <u>Requirements of service (sub theme)</u></li> <li>ff) <u>Requirements of service-</u> sport specific</li> <li>gg) <u>Requirements of service-</u> availability</li> <li>hh) <u>Requirements of service-</u> personal</li> <li>ii) <u>Requirements of service-</u> accessible</li> <li>jj) <u>Requirements of service-</u> advertised</li> <li>kk) <u>Type of intervention (sub theme)</u></li> <li>ll) <u>Type of intervention - strategies</u></li> <li>mm) <u>Type of intervention- 1-to-1 or groups</u></li> <li>nn) <u>Type of intervention- role models</u></li> </ul>

	<p>oo) <u>Type of intervention- knowledge of mental health conditions</u></p> <p>pp) <u>Type of intervention - monitoring</u></p> <p>qq) <u>Type of intervention- social events</u></p> <p>rr) Mentor role</p> <p>ss) Sports Psychology</p> <p>tt) Student Support services</p> <p>uu) Athlete specific space</p>
--	---

**Theme 1: Transitions/ changes.** This theme contains four codes: Living arrangements/drinking culture, relocating, changes in sport and leaving home/family.

Unsuitable living arrangements/drinking culture:

*'when I do leave home, I don't particularly want to come back. This year it's better, because I am in a better house, so better situation. In the first year when I got back from training I would be absolutely shattered and they were keeping me up until two in the morning' (P1)*

*'I came back from first night from Christmas. I loved it with my family and I walked in and they were having a house party and that kind of set the tone for the year. I had no idea they were doing it, my hands started shaking, cause I was so annoyed with them' (P1)*

*'When I moved in there were four undergraduates who were living with me. They were loud they were partying and for an athlete that was not what I wanted. They'd come in at 4 o'clock in the morning shouting and screaming' (P3)*

*'he was having some issues early on with his accommodation here. I think he was finding it quite difficult to adjust..... Coming over to this country he was saying that the people that he was living in his accommodation with were quite loud and they would stay up late night drinking and that's from his country and culture, that's something that he is not really used to..... And is not great for his studies' (P4)*

*'halls is like entering the big brother house..... I don't drink, so to not be in that gang of people is a little bit different' (P6)*

*'there were lots of problems with people I was living with. I don't really get on with my housemates. Is quite a stressful, like an intense atmosphere to sort of be in the house. I am not very sociable or anything, so I would use going to training and leaving the house to do that sort of thing as a relief from that' (P9)*

Relocating:

*'his first hurdle was kind of English language skills and adapting to English life in terms of getting a bank accounts, registered at a doctors' (P4)*

*'I didn't really enjoy living away from home that much' (P5)*

*'urrr, probably hard after taking a gap year, because you spend quite a lot of time at home, ummm and I love home.....because family but because of location wise as well. Bit of a country lad.....being away from home was tough and I'm surprised I'm still here to be honest' (P6)*

*'someone turned round to me and said, your parents must be really proud that you are studying over in England and I never thought about it like that before, but all my cousins studied in the same country. So to move was a big deal' (P2).*

Leaving Family/friends:

I: *'so how did you find the relocation?'*

*'Hard, because I had a brother and he went to uni. Before uni we had never been apart for more then something like five days. So pretty hard at first and struggled a lot in the first year' (P1).*

*'I do miss home and I miss, I have two younger siblings' (P2).*

**Theme 2: Multitude of scholar demands.** This theme contains six codes: sporting/university commitments, contact with family/friends, household tasks, job, financial, management of demands.

Sport & university commitments:

*'I trained five times a week in the first year and six times a week this year' (P1).*

*'At the moment I've got six deadlines and a big competition in two weeks' (P1).*

*'overtraining and tiredness' (P1)*

*'I have to do around 10 hours of my sport a week' (P3)*

*'they have to deal with a combination of academic work and playing for the club. This can impact on their sporting opportunities because if you've got someone who is not coming along because they've got exams or other commitments, then when they do finally come and join the team they can probably be a disadvantage compared to other players in the team' (P4)*

*'the season has just started in the past couple of weeks but because it's exam time there holding off on starting their season until the exams are out of the way' (P4)*

*'so when I am in the season we are probably playing at least five or six times a week and then as well as practising in the evenings' (P5)*

*'exam prep and assignments, because obviously when we have tournaments leading up to them, it is like trying to keep both of them at the same sort of level' (P5)*

*'8 to 10 hours of contact time with my sport, university hours and I work' (P6)*

*'I train two hours a week or four, three hours a week in my sport, with a game on a Saturday. And then look to do three hours of gym a week, if I can. Then yeah I work on top of that' (P6)*

*'your motivation could be sometimes to play, to do sport. The academic side takes the backseat, when I think you've got to keep that balance, because at the end of the day you are here to get a degree and sports an added bonus' (P6)*

*'so if you had a late night..... To go to the gym in the morning you just can't get up to go, because you know you've got the motivation but you need to sleep. That's one thing I struggle with massively to fit that in' (P6)*

*'one of the scholars we always have a really good chat about it, their work and their constant fight to balance their sport and the University life because they are literally playing for two teams' (P7)*

*'sportspeople are innately incredibly busy. I mean they have compared to some other people just a whole extra part of their life. Every single scholar I've had have been playing for at least two teams. So that means the likelihood is the barest minimum is that they are playing two games a week and have to train. The never-ending battle of balancing everything is the thing that comes up more than anything else' (P7)*

*'the juggling of the University work and the sport, because that's what I struggle to juggle' (P8)*

*'I'm president of the Christchurch team, but I didn't really get involved with a lot of the athletes. I sort of just in the organisation of it and stuff and then I also compete outside for my own club' (P9)*

*'I think whilst I was doing it it was just a routine. I would get up go to lectures, go training in the evening or training was earlier I would use training as my revision break equal study break. I was just sort of on a loop. Whereas I think looking back now I'd reached burn out quite a lot and then just be so exhausted, not just physically exhausted but mentally drained. That kind of impacted on my training' (P9)*

*'so my stays for scholarship athletes, would consist of lectures or being in the library, training and then obviously doing our own work and having to socialise as well' (P9)*

*'Elite scholars would be training with the national team, which frequently involves more travel' (P4)*

*'There are some people who genuinely do a lot of travelling, so it's likely there away from Friday night until Sunday' (P6)*

#### Friends & Family:

*'got family, girlfriend who lives away so she's another 350 miles away and that's a three-hour journey'(P3)*

*'it's only been when like your social, when your home life sort of becomes an issue that everything else is affected. I think that's the only real-time I've ever had an issue.... was when breaking up with a girlfriend' (P5)*

*'my mum was still ill, so again when I was at university in the first year I had to get her support again..... The worry of not knowing whether or not she can turn up university and find my lecture rooms or anything like that, it could be quite stressful as well' (P8)*

#### Working:

*'Its 9 hour shifts, get home, train, eat, sleep' (P1)*

*'I work locally and play my sport, I kind of have to be a little bit sensible and sensitive around doing that' (P6).*

#### Financial:

*'I think everyone's thinking about how much is it, £27, 000 and everyone's thinking I really want to come out with a 2-1 or a 1<sup>st</sup>' (P1)*

*'the only main stress I found at university is the money stress really but that's why the scholarship is such a big help' (P8)*

#### Management of demands:

*'I think I'm quite organised' (P1)*

*'you need to be able to manage time resources effectively and be able to have good time management skills. I have a calendar on hand. You know you've got all these things you must constantly balance up' (P3)*

*'prioritising what he wants to do my first and what would be best in the long run for him' (P4)*

*'I do sometimes have to prioritise certain stuff when it comes round each thing. Like with university assignments and exams coming up, I thought like prioritise them, because I know well once they're done I can go back and focus on the sport, but it does make it quite hard because you know you sort of let one thing drop from time to time and it's hard to maintain both at the same time at a constant level' (P5)*

*'the last few weeks I've had an exam, so I've been prioritising and revising' (P5)*

*'I try and be organised, by not going out, as well that frees up a bit of free time I the evenings and mornings' (P5)*

*'I'm quite proactive and happily walk to the library and get it done, it just seems to happen' (P6)*

*'try and be organised, by not going out, as well that buys up bit free time in the evenings in the mornings' (P6)*

*'so I have my diary..... When I was at uni I wrote every night a client was doing the next day. I would have a list and I would stick as best as I could. Most days were very similar' (P9)*

**Theme 3: Discourse around mental health.** This theme contains seven codes: Underreported in sport, less stigma, conceptualising mental health, mental toughness in sport, negative views of mental health and meanings of words.

Mental toughness:

*'I think it's because in our sport, you never kind of, when you get tired you don't stop running the race and I think it's a bit like that with life as well, that if you don't like something but you know it's not going to last for long, you just know you have to kind of stick it out' (P1).*

*'I think with sports people they think of themselves as physically strong, so maybe they think of themselves as mentally strong as well' (P2)*

*'especially within sports there is kind of a macho image of not wanting to tell people that you are not okay or something is wrong or worrying you. There's probably a lot of reasons for it, you know it might be fear of not being seen as strong..... If your coach is running a team you would want a team that is strong and able to deal with adversity and come back from things. You might think as an athlete or as a scholar that if you kind of show some kind of physical or mental weakness that your teammates or potentially your coach might think you're not able to deal with difficult situations in your sports. A coach might look at your fitness, your physical capabilities, and psychological aspects' (P4)*

*'it might be stereotypical but if you play rugby for example, whereas traditionally it's a very tough sport' (P4)*

*'top sportsmen are like quite mentally tough. I think you know they don't like to show weakness. I think drinking, drinking is seen as like a power thing in sports sometimes' (P5)*

*'mental toughness and the fact that you don't want to be perceived as weak and you have something wrong with you' (P5)*

*'if you're a sports scholar you're used to being in a place where you're pushed constantly on a sports field, they can handle that bit of mental strength' (P6)*

*'being scholars people probably deem themselves as strong individuals and therefore they may not want access' (P7)*

*'just cause you know as an athlete kind of expected to be this really strong confident athlete and you know to show weakness in your game, again if that got out to the public or into your opponents or fellow athletes or your teammates for example. You know you're worrying about that judgement' (P8)*



*'I think there's just the stigma as well. People don't always want to gain help from someone else..... That makes you feel that you are not coping, that you are weak or that sport is always known as someone is being strong and independent and successful and if you were to need support from someone else that kind of goes against all of that you've had all these for years. So I think it's quite a big barrier, even whilst its self-imposed, I think it's still definitely very present' (P9)*

Negative view of mental health:

*'it makes me come across as a perceived wuss I think' (P1).*

*'I don't tell people how I had counselling, just because I thought if I tell them they will think it's a bit weird' (P1)*

*'I work in the mental health hospital and a lot of them are only concerned with what other people think about them being in the hospital' (P2)*

*'I'd be very slow to admit I went to counselling or need to go to counselling' (P2)*

*'it's very it's quite a big term to say you've got mental health. As those previous use of the culture of mental health, that you know if you've got depression you're a pretty bad person. When actually anyone could get it. I think if you said to someone still I'm depressed, people would say yeah come on pull yourself together' (P6)*

*'so I think when there's still stigma around, it's still where people don't believe that you can be, but you can perform if you have these problems. Is difficult to believe yourself' (P9)*

Underreported in sport:

*'She tends to hide away about it' (P1)*

*'I didn't even tell anyone in my sport what was going on' (P1)*

*'I think at my age not many people would admit to mental health issues and if they did not many people would believe them' (P2).*

*'Sometimes you just don't want to admit you're vulnerable to the people that are closest to you' (P2)*

*'I suppose the services are in place, its more about being able to admit that you need the help' (P2).*

*'I'm not sure if it's something that is kind of symptomatic within sports though in the particularly with my scholars none of them have mentioned those kind of things when you say to them how you doing. The answer is yes okay it's within society in general, but especially in sport is kind of you're told to say you're okay' (P4)*

*'there very hesitant to come forward and say it so it's probably something that's quite underreported. Those that come forward and ask for help it's probably a bit like the iceberg thing, in that there is probably the tip of the iceberg and there's probably a lot of others that*

*aren't saying anything or aren't asking for help when they need it. I think that makes it very hard to say how prevailing it is. (P4)*

Meaning of words:

*'I was just looking at him and thinking you're making it up. He didn't seem stressed at all' (P1)*

*'Just because you know you're feeling a bit sad doesn't mean you're depressed. It's not what depression is. Maybe that's the problem with mental health at the moment. Everyone is saying they've got a problem when they haven't which is maybe why people are ignoring it' (P1)*

*'that's the one that annoys me the most. OCD being chucked around so freely' (P1)*

*'what is depression actually mean? I think some people might mean very different symptoms or things to somebody whereas somebody else it probably isn't' (P6)*

Conceptualisation of mental health:

*'I think she used the word mental illness' (P1)*

*'mental health is something that requires professional help. Other lesser forms that don't necessarily need professional help would not be mental health to me. ' (P2)*

*'A girl on my course said she'd suffered from mental health issues and I was like, I took a bit of a step back and was like how do I deal with this conversation' (P2)*

*'it's just a sort of disorder either of your thinking, your behaviour, your emotions, your mood. Something that influences that either acutely or chronically. I'd say it was quite broad' (P3)*

*'how you think as opposed to what's happening with your body. It's hard because I think it probably does crossover in that there are some mental health issues that affect your body, but I suppose that's more a symptom of mental health as opposed to being part of it' (P4)*

*'mental health I think it's just how strong and how..... I think it's just being comfortable in your own skin and in your own mind, like it's being comfortable with what you want to do and think. I think that comes back to the positive thinking. Just being positive in itself, I think that's mental health really I think that's good mental health (P5).*

*'recently I think Prince Harry's come out and said, if you're injured if you'd injured muscle you'd go and get it supported, whereas mentally if you felt not tired but you felt something or other that you'd go and get it sorted. ummm, So I see it as that, if you need to get something sorted you go and or you go and try and access what you need to' (P6)*

*'Vast percentages of the population have mental health issues, and I suppose it depends on how you quantify them. We've all probably had some sort of mental health issue..... So I assume an issue is normally something which is not desirable.... There are varying degrees of mental health as well' (P7)*

*'it's incredibly complex.....There's like social, I see things as like social illnesses like anxiety and depression and then I view things like the kind of genetic biological experiences schizophrenia, paranoid schizophrenia, maybe you know bipolar would be between the two kind of thing. So there's various types of illnesses that can, you know you can feel like societies developed and things that people are just so born into or born with potentially develops. And the kind of thing that happened to my family. Like adverse childhood childhood experiences like those kind of experiences, kind of increase your chances of some of those by a certain percentage. So I think some people from an early age, it's kind of, it's in their path they just can't see it yet' (P8)*

*'so everyone has mental health,....What I think it's kind of how well you look after your feelings. It's basically everything that isn't physically your body, kind of your thoughts, your emotions and how well you sort of deal with and deal with those and acknowledge what you're thinking and stuff and obviously there is an overlap with your body because and physically because if you're not fuelling yourself right or if you're not looking after yourself physically it can have have an impact on your mind, vice versa as well. When people talk about mental health, I think it's always talked about in a negative way, but you can have positive mental health as well' (P9)*

*'the doctor I saw just told me that I was a stressed student and that everyone goes through it. So I was like okay, I'll leave that then. I just started to reading books and trying to solve different things online. I've just had to learn to do it myself, but is not quite enough. I know other people that have just been told that they there like anguisty teens. I needed a doctors note to say that I was depressed although I had problems, which I don't agree with because sometimes, because we've learned that being depressed is an emotion..... I think you know your own self. I didn't want medication, just as I just don't want it and I think had I taken it, they probably would have taken me more seriously, because that's just the norm, what model they follow, which again I don't really agree with ' (P9)*

#### Less Stigma:

*'it's becoming less of a stigma, but know one wants to admit they have mental health issues' (P2).*

*'It's definitely in the news a lot more now is in it.....I wouldn't say trendy, but it's there a lot more now' (P6)*

*'Aaron Lennon come out and I don't' know if that would have happened years ago. I think it's good, especially in football, such a big sport. The fact that that can happen, it can happen anywhere' (P6)*

*'I feel people are a lot more comfortable with talking about it generally now. Maybe because I never really used to hear it be talked about and now there are a number of situations where the sense that I get is that if somebody is, has had problems they seem a lot more keen these days to try and be happy to express it and then say they would like to help others as well if possible. People are a lot more expressive about bad things, things are happening*

*to them whereas maybe in the past you kept things a lot more in. I think that's probably a lot healthier' (P7)*

*'it's a bit more acceptable in society to let your problems be a bit more viewed these days, whereas in the past it was more swept under the carpet' (P7)*

**Theme 4: Psychological distress.** This theme contains nine codes: mental health conditions, effect on self, internal pressure, personality traits, physical injury, wellbeing (sub theme), wellbeing- looking after self, wellbeing -sacrifices and wellbeing- sport as a coping mechanism.

Mental health conditions:

*'anxious, stressed' (P1)*

*'I had a really bad spell of hypochondria' (P1)*

*'it looks like she's always anxious' (P1)*

*'depression is most common. I think it's down to organisation and work' (P1)*

*'anxiety maybe even depression is common if they are that competitive of an athlete' (P2)*

*'you just put it to the back of your mind. I suppose it's when your kind of idle and may be these anxieties and these thoughts, it's like before you go to bed at night and something like that will start when maybe there isn't the services there to be utilised at the time. (P2)*

*'I hear a lot about stress. They are constantly going on about workloads' (P3)*

*'anxiety in terms of the stress of the student side of things, the pressure of assignments, exams and things like that. They also have the possibility of being anxious about performing in the sport as well and even just being anxious about performing in training or body image issues, you know if they're not happy with how they look and compare to their teammates' (P4)*

*'anxiety or stress and depression. I suppose I would have thought they were the three most common issues they might experience' (P4)*

*'it's one of the big issues, is body image. I think that's judgement is linked with the body image and then that affects the anxiety in certain people' (P5)*

*'stress is the standout one. In terms of deadlines, commitments to stay a scholar, meeting all the criteria for that and balancing outside of university life as well (P6)*

*'I suppose could be issues with anxiety, although in some ways, what they do, putting themselves out there may make them more inclined to deal with it. So don't really know, I think if you talk to the top level athletes, I think things like depression would be a real issue, whether because these people have already at University, which means that they don't necessarily have all their eggs in one basket, they have a lot of other bits and pieces going on, maybe they are less inclined to have that' (P7)*

*'I know some scholars are, they suffer from anxiety, but the anxiety stuff as well, they feel the pressure of their competitions, but I know it links into their daily lives as well, because some of them suffer with social anxiety as well so they won't engage in stuff. They talked about how they are sick and stuff, they get physically sick. They don't eat and so it affects them physically as well' (P8)*

*'...depression, you know if you don't get a good result at the weekend' (P8)*

*'at the end of my first year I sort of struggled with a lot of mental health problems throughout my first year. I think I probably had them before, but I didn't just didn't really acknowledge them and then I sort of carried on. Towards the end of my first year I was quite depressed..... And I've had an underlying anxiety over the years. I think I had during school and at just didn't really acknowledge it. I was just always shy, a bit of a warrior. I just worry about things a lot' (P9)*

*'the stress of pressure may be and I've also had struggles with eating and I think that's probably quite wide across my sport. Well may be females more than males.....I think more recently it probably has become visual because of the rise of fitness models and that sort of thing. But I think at the end of the day we rely on bodies to perform, so try and make the optimal environment for bodies and sometimes we don't have the knowledge for the optimal, like to make it reality' (P9)*

#### Effect on self:

*'I think that things that made me feel even more uncomfortable in the back of my head were that they were all quite local. None of them lived over an hour away and I think I just felt a bit of an outsider. They knew their way around [REDACTED] and I hadn't even looked around the city before' (P1)*

*'my performance in my sport had noticeably dropped over that winter season' (P1)*

*'I felt abnormal' (P1)*

*'I have to be worrying about something' (P1)*

*'when you're on your own doing something, I think that's when it really hits you' (P1)*

*'it can really affect your confidence if you've been dropped off the team. I wouldn't want to turn up to training sessions and it would really affect my participation, as I wouldn't feel I was good enough. It would affect me academically if I felt really uncomfortable about sport I think I would feel unconfident about academics as well' (P2)*

*'I think one example is a PhD student and she is one of my best friends, she so supportive and she's changed for two years because of the stress that the PhD placed on her. She's been irritable she'd snap you and she wouldn't be as friendly. It was just like she wasn't the same person. She is handed in now and she's like such a nice, she's back to the same person as before and that contrast is just amazing. What's interesting is that I'm starting to see that in myself now' (P3)*

*'it's just it's almost like a disease, it just spreads into everything else, and you have to somehow contain it somehow and then bring it all back. I was sort of like lost. Like it was very hard to pinpoint what needed to be done. Even the simple tasks' (P5)*

*'so he's kind of gone off the rails and he's just drinking most nights and I don't know, I think he thinks that's the solution just to drink it away' (P5)*

*'I've always had issues with sleep, since I was young, eating is fine I've put on a lot of weight since have come to university' (P8)*

*'cause of my sleeping issues, I was then exhausted mentally and physically. So was oversleeping and missing lectures' (P8)*

*'I think they always kind of crept in, bad thoughts, which might explain why I lost my last two competitions, but I'm not sure but then again everything happens for a reason and I feel like maybe the sport isn't for me' (P8)*

*'I got quite bitter towards my course mates and I disengaged from kind of socialising with them' (P8)*

*'I just decided to stop training completely' (P9)*

*'I'd reached burn out quite a lot and then just be so exhausted, not just physically exhausted but mentally drained. That kind of impacted on my training. Sometimes where I would just turn up to training and I just be sat there. I would have low energy. It would be every couple of weeks, and towards the last few months it was most days' (P9)*

*'it's difficult for people to really appreciate, and kind of actually just appreciate that sometimes you don't want to do certain things and you may want to, just take yourself away from the situation. I think some people definitely don't appreciate how hard it is at times. It can be so menial, they're like going for a drink doesn't seem like difficult to them' (P9)*

*'there were so many physical goals that people just don't really acknowledge the mental setbacks that impact on those physical goals.... Build up of different emotions, situations that may contribute having to be in a low mood, but then just not allowing myself to kind of succumb to those sort of things and then the buildup would then cumulate into just burning out and then for a little while after that I would just, my mood would just plummet from that' (P9)*

*'perhaps if you're feeling low and it's difficult, sometimes difficult to even get out of bed. It impacts on your training sessions..... That can damage your relationship with the rest of the team' (P9)*

*'not been selected on a team can affect you in a wider sense. Not necessarily anxiety or depression, but can really affect your confidence and if you've been dropped off the team and continue even though you're trying as hard as you can and you continue to not make team even though in your head you feel like you should maybe that lack of confidence and that would really affect your confidence' (P2)*

Internal pressure:

*'When you're a scholar you can only really post about sport because you're not, I don't think your meant to post pictures with alcohol or anything' (P1)*

*'it isn't the best scenario when someone is giving you money and you're not doing anything. It's like saying you're doing a new job and you're not doing the job because you're physically unable to do it' (P3)*

*'pressure to achieve and always feel like you need to be achieving whether it's in their studies or in their sports' (P4)*

*'internally I think, being a sports scholar I think other people may question it. You automatically question what sport you're into. They question your appearance do you look like a sportsperson, do they look fit enough? It is quite nice to sometimes been misjudged for a rugby player, because they are their statue is like so much more appealing to everyone else (P5)*

*'having interesting conversations with somebody who is going to be captain soon of one of their of their team and doesn't necessarily feel like they are going to go in that position because they are the best player. They've got quite a big concern about going into that role' (P7)*

*'little bit of pressure sometimes, but I put more pressure on myself academically than the sport inside of it. In order to keep the scholarship we've got to do well in the academic and sport' (P8)*

*'some people can cope better than others, but I think they're still under the same kind of magnifying glass. I guess ourselves, our perception of what the university thinks and feels. You know I think you just feel that because they've given us that money or the opportunity then we just get obliged that way have to meet the expectation. So I think it's more of our perception of it than the actual university saying do this (P8)*

*'I was put on this, because I'm an elite sports scholar, everyone is expecting me to win. I feel that the pressure was just felt immense really' (P8)*

*'I just focused on re-motivating myself, so like again with the dealing with just changing my goals. So instead of focusing on getting a first class degree and trying to smash every assignment and not get disheartened. I feel really as long as I try my best, I just changed my goals..... If you're always comparing yourself and someone's getting better than you and you feel like you're working quite hard, you can feel quite bitter' (P8)*

*'I just put a lot of pressure on myself and them because I was in it, it was silly pressure because I could never achieve what I set myself to achieve..... I've always been someone that puts a lot of pressure on myself to achieve in every aspect of why do.... I also set myself targets and I said I was gonna do all of this, but it's just not feasible sometimes' (P9)*

*'sometimes you can set the bar higher because you want to perform to the best you can be. To almost prove yourself as a scholar athlete' (P9)*

Personality traits:

*'I'm a bit of a control freak. I've never actually been in a club, but it's just I don't like the thought of going in somewhere and being kind of trapped' (P1)*

*'some may be quite unhealthy personality traits, with you know, some things maybe with competitiveness or with like semi addiction to exercise or various of other things like that' (P7)*

*'personality traits like drive and determination and things like that, which I would assume are slightly higher in those people that are competing at higher levels' (P7)*

*'I think maybe finding that switch between the competitiveness of sport and the competitiveness of uni. When getting grades back and seeing that people are doing better than me, it's hard to switch off that competitive gene or whatever is in me. I found that's been a big struggle for me' (P8)*

Physical Injury:

*'it isn't the best scenario when someone is giving you money and you're not doing anything. It's like saying you're doing a new job and you're not doing the job because you're physically unable to do it' (P3)*

*'i have been, pretty unlucky with injury as well for years in the winter' (P1)*

*'If I broke my leg I would not be in a good way if I couldn't play my sport' (P2)*

*I: in that case, how was it when you had your injury then?*

*'it was horrible. I felt like I was letting the university down, but then when I actually reached out and spoke to different people in department and the scholarship team. They all pushed me towards getting healthy. Not because they want me to get on the road and compete, but like because they cared about my health. Not me just getting better to, being healthy again and happy again' (P8).*

Wellbeing (sub theme)– looking after self:

*'I like my sleep. So if I am working until one in the morning, I will try and have something like eight hours sleep' (P1).*

*'the important thing is to socialise' (P1)*

*'I needed 10 hours sleep to maximise the benefit of my training' (P3)*

*'I like the social side of it as well like societies and going out, the student life you still find time for it' (P4)*

*'going out definitely takes a backseat, but I still do go out, I do make sure once a month that we go for a meal or something with my group of mates, just to keep that connection going. It's important' (P6)*



*'we have a lot of travelling with our sport, so that's kind of the perfect time to ring your mum or dad. I think that's important to keep that connection' (P6)*

*'I feel I can be quite sociable. I don't go out lots and party lots or anything like that, but I like to go out and socialise' (P8)*

*'saying no sometimes is important' (P9)*

Wellbeing (sub theme)- sacrifices:

*'eating just became quick food, sort of like your fresh pasta, bagels anything you just make quickly' (P3)*

*'I try and be organised, by not going out, as well that frees up a bit of free time in the evenings and mornings' (P5)*

*'sleep can be a little bit low sometimes. Late nights in the library, so I can go and stay up late to do some of this work' (P6)*

*'I think the studying sort of side of it, that makes sleeping a little bit more difficult' (P9)*

*'not getting any time to relax' (P1)*

*'they have to sacrifice something' (P4)*

*'I'm finding the balance now. I didn't get the results I wanted and everything is so I've this year decided I'm going to focus on one sport, because I enjoy that more and then I'm really enjoying my uni work' (P8)*

Wellbeing (sub theme)- Sport as a coping mechanism:

*'I think it's a bit of a love hate relationship. The sport can really help, so when you train you feel really good after training'. (P1)*

*'I don't think as you play sports it's good enough to say that you are never can get depressed' (P2)*

*'sport is a lot of their coping mechanisms and their paradise they go to place. It's their happy place. I think they view that as their escape' (P8)*

*'my training is sort of, I try to keep it separate from all of that than I can focus on that and that's my outlet' (P9)*

*'perform better under pressure because of my sport. I definitely think the years of feeling pressure when some students might not be used that pressure works all of a sudden. Sport definitely helps' (P5)*

**Theme 5: Support on offer.** This theme contains six codes: student support centre, scholarship programme, mentor, sports psychology, tutor/lectures and family & friends.

Student support centre:

*'I had counselling, it was helpful. The waiting list was ridiculous' (P1).*

*'It made me feel a bit better about myself. It didn't solve the problem, but it definitely helped a lot' (P1)*

*'practical advice on how to move away from things' (P1)*

*'It's in the i-zone in the library' (P3)*

*'the university have a counselling service which is probably the first port of call if they need that kind of support' (P4)*

*'the wait for having counselling was too long' (P4)*

*'you kind of see them advertised, but I wouldn't know how to access that. I'm sure it's in the library' (P6)*

*'I wouldn't know where to go, it may be Augusta house but again I wouldn't know' (P8)*

#### Scholarship programme:

*'she's done the workshops the whole year through and she's looked after us the whole way. If I had a problem, I'd talk to her cause I've built up a good relationship' (P2)*

*'we have had support focused on our sport focused on achieving in our sport. And that's not a bad thing, obviously that's what we want to do, but maybe it would be nice to have something directly connected towards well-being' (P5)*

*'Not to have a wellbeing workshop seems quite criminal in all honesty, so hopefully something can happen from that whether it's in my time or someone else's time, it's beneficial because if someone can benefit from it. You know that's one person, not saved but kept on the good side' (P6)*

*'Christchurch sports give sports lab a certain amount of funding to provide the scholars with bespoke sports science support..... which is basically meant to give them performance enhancements, The best chance of achieving in their sport. We are also looking at their holistic development. Sports lab put on a series of workshops, one which this year was around psychology basically' (P7)*

*'psych is something which we've just started really scratching at the surface' (P7)*

*'when I actually reached out and spoke to different people in the Department and the scholarship team, they all pushed me towards getting healthy. Not because they wanted me to get on the road and compete, but like because they cared about my health. Not me just getting fit, being healthy again and happy again' (P8)*

*'as a sort of been here at University, there's been more opportunities to get involved with services that they offer.... Before it was just sort of three meetings with mentor and then that was it' (P9)*

#### Mentor:

*'my mentor pushed me to counselling' (P1)*

*'as a mentor, I kind of signpost him to things, but can't necessarily help myself' (P4)*

*'if I had an issue I'd email my mentor. It's been really good. I felt like I've never had issues with them, they've like always been very supportive. I think it helps that I know her family as well. So there was already a personal connection, which I think made it easier to talk if I had issues or anything' (P5)*

*'my mentor, although not a trained psychologist, I suppose it's someone that I open up to and can go and speak to in confidence' (P6)*

*'I mentor all the different scholars which means, basically meeting with them three times a year for structured meetings, essentially just being there for them to chat through ideas and support them as they go' (P6)*

*'we set up work timetables, when they have got to be reading or doing their work or prepping for their lectures, when they have lectures and when they have downtime' (P7)*

*'I think the balance of those mentor meetings, is we do spend more time talking about sport' (P7)*

*'I've been lucky, a lot of people I've mentor are really nice, you have a bond and you really wanted to see them do well. But I think they valued the process, which is helpful' (P7)*

*'signpost them to student support and I would talk to the sports psychologist about maybe booking them in' (P7)*

#### Sports psychology:

*'there have been loads of those one-to-one sessions with them, which I didn't utilise because our coach was a sports psychologist, so he's kind of taken me under his wing when I got my confidence knocked and had been dropped' (P2)*

*'the psychology workshops (1-to-1) could be used to signpost you on or follow you up if you had any further issues' (P2)*

*'I used to listen to a lot like the psychology motivational stuff. It's straight positive talk, it's always telling you to go one step harder and those sort of positive talking changed my thinking. I try and just from that positive thinking, I just remain positive about everything' (P5)*

*'when I was playing for my county we did have a sports psychologist coming from one of our training programs. I have always had psychologist kind of thinking around me..... I know how important it is to be on top of your psychological needs as much as your physiological (P5)*

*'a sports psychologist who works with me for the sports lab also provides psych support for a number of different athletes, but also we have a number of people with who he is supervising through their experience. If an athlete says they want to speak to a sports psychologist, we can provide that' (P7)*

*'I had a session with a sports psychologist, we talked about my motivations and how much sleep I was losing and stuff..... I think it's important that they have those kind of systems thinking around, because I know a lot of people reached out that' (P8)*

*'I think they should be mandatory for people. Everyone should have at least one, just to sort of at least do the initial profiles if anything comes up. Then if anything comes up in that first session the sports psychologist can't help with, because are not trained to deal with mental health..... They should be directing them to someone who can and just think there should be more available and the accessibility of it I think..... I think people need to be actually physically shown. The first one with a sports psychologist, we just sort of it required us to come with a problem and talk about it. I found it really helpful, but this is the first year that it is happened and if this had happened in my first year, perhaps I wouldn't have struggled so much in the subsequent years ' (P9)*

#### Tutor/Lecturer:

*'I get on quite well with my course director, so that's if there's any worries you can go there' (P6)*

*'if I wanted advice and support I think I'd probably talk to or email my tutor' (P8)*

*"I've made relationships with so many lecturers and like that they help and support me. I came back into a lecture and people could sense I was a bit off, but one of my lecturers came over to me and spoke to me and gave me a bit of a motivational speech. Then that cheered me up, made me feel like they were with me and not against me' (P8)*

#### Family & Friends:

*'My parents call me pretty much every day. I talk to my brother and sister on messages' (P1)*

*'mum and dad are quite good, they do me dinner if I was in student accommodation I would definitely have to keep on top of my organisation a lot more. It helps having the right people around you ' (P5)*

*'fortunately I have that with my mum and dad anyway and I can come and sort of bore them and talk them through step by step and be allowed to talk my sport through' (P5)*

*'I've got a really supportive girlfriend which is helpful' (P8)*

*'I really enjoyed my new housemate I live with, he's a year younger than me but we met in the first year, we were put in the same halls and he's again had quite a tough life, getting into university and again he appreciates the opportunity of university. So we get on really well...' (P8)*

**Theme 6: Ideas for improvements to support services.** This theme contains six codes: requirements of service, type of interventions, mentor role, sports psychology, student support services and athlete specific space.

#### Requirements of service (sub theme):

Requirements of service- sport specific

*'if we were offered psychology support for in the sports lab, something like that. I think a lot of mental health issues are triggered by sport. If it was someone trained from the sports lab and then they know what the sports we do, they know our routine. I think the counselling at the university is too broad for us' (P1)*

*'my need was kind of specific to my sport' (P1)*

*'because they are general service for students, I wonder if they have the insight into what sportspeople need in addition to a general member of the public' (P4)*

*'bespoke, support services for sportspeople. It gets away from that perception but it's a generic service, that it is something that can be tailored to what the sports scholar needs. In terms of opening hours, as many as possible, as available as possible is probably the main thing. The times when you might be most affected by issues is possibly the weekends or evenings' (P4)*

*'ideal would be to have the opportunity to speak to someone who is specifically trained in mental health issues within sports..... the kind of people that you encounter regularly in the sports department for them to have greater where awareness or a greater ability to help you. The ideal would be for it to be instant and free, because the last thing you want is students having to pay for mental health prescriptions' (P4)*

*'to have the combination of both would be a dream, but ummm, I think a lot of people involved in sport but not involved in sport in a way that they know about that mental side of it' (P6).*

*'may be have some people within the department that can help, that are more specialist sportspeople, but mental health within sports. We also have workshops for everyone throughout the year, so maybe the very first one again, when your listing them all, the sports lab services that are available like body, and strength conditioning and stuff there should be another service for people to access mental health and then like is this before having the mandatory profiles for everyone' (P9)*

*'if there was a psychologist in the sports lab, that would be great' (P1)*

Requirements of service- availability

*'you start to get really tired and I think that's probably when its most prevalent, with mental health the evenings'. (P1)*

*'So finding that time, ummm, could be, or can be difficult' (P6).*

*'Time is always a barrier for everything from scholars' (P7)*

Requirements of service- personal

*'the ideal would be to go and speak to someone personally, but speaking to someone over the telephone would be an improvement over not speaking to anyone or sending someone*

*an email and not getting a reply until the next day or whenever it might be. At least it's kind of instant and I was thinking talking to someone is better than email or text' (P4)*

*'no one's gonna have the same, no two people can have the same experience so, no two people need the same treatment.....it needs to be tailored' (P9)*

*'very personal tailored and I think that's what's important. We had one workshop from psychology..... It's so difficult to do a psychology workshop with people from all different sports, all different genders, ages and whilst I didn't find it very helpful, I acknowledge that it's difficult for them to put that on' (P9)*

*'if the workshops were more personal, that would be better, if we had clinics and they knew us' (P1)*

#### Requirements of service- accessible

*'have you got time to go over there, because the library is very solo..... most things are pretty much on-campus. I go to a lecture, then go to coach and then go to train. So finding that time could be or can be difficult' (P6)*

*'easy to access, flexible that may be but you haven't got to book a time, although for organisation it's quite good to book, easy access. To know where it is.....You don't want it to be hidden away at the back of the University,.....but the same time you don't Wanna see anyone walking past when you go into that room. So somewhere that's easily accessible but not somewhere that everyone is walking past, they know who's going in to see the psychologist' (P6)*

*'some services are just so spread out, you know they can be quite hard to reach. So that would be an issue' (P8)*

*'the doctor I saw just told me that I was a stressed student and that everyone goes through it. So I was like okay, I'll leave that then. I just started to reading books and trying to solve different things online. I've just had to learn to do it myself, but is not quite enough. I know other people that have just been told that they there like anguisty teens. I needed a doctors note to say that I was depressed although I had problems, which I don't agree with because sometimes, because we've learned that being depressed is an emotion..... I think you know your own self. I didn't want medication, just as I just don't want it and I think had I taken it, they probably would have taken me more seriously, because that's just the norm, what model they follow, which again I don't really agree with' (P9)*

#### Requirements of service- advertised

*'maybe you shouldn't have to seek the help, maybe it should be more evident that there is help out there' (P2)*

*'perhaps having someone from those services coming and talking to the scholars as a group and explaining what they are therefore and who they are therefore, how much it costs, who they should speak to. Just so they are more aware of what is on offer at the University and how they can access it' (P4)*

Type of interventions (sub theme):Type of intervention – strategies:

*'useful to be given strategies' (P1)*

*'that simple motivation of I can't get out of bed or this is piling up how do I go and do something else, maybe strategies, strategies one hundred percent. They can get rid of some the other workshops and puts a well-being workshop straight in' (P6)*

*'Not how to get rid of stress, but how to relieve it. That motivation to achieve what you want to achieve. Maybe when you feel that everything is just against you or when everything feels not going your way' (P6)*

Type of intervention- 1-to-1 or groups

*'whether it was in a group workshop, where some people see their mental health as something very private, that they wouldn't necessarily want to share with other people around. So whether a workshop would be the right format, I don't know, but some kind of session. Just general information about mental health and their general well-being I think would be useful. Whether it was in a one-to-one type environment or whether it was a workshop. Workshops tend to be about 30 of them in a room, so whether it was a smaller you know groups of three or four perhaps. Maybe with people that they don't know or that are in their peer group' (P4)*

*'It's something that people are shy about talking about, because it's a very sensitive and personal thing. So yeah one-to-one sessions may be is probably the best thing' (P5)*

*'you've got people that would probably prefer one-to-one and then you might have people the extrovert people that would rather a social group where they can open up to strangers' (P5)*

*'maybe some more group sessions, rather than speaking one-to-one with somebody, although that could be an option. Kind of small groups to go and speak to whoever' (P6)*

*'talking in a safe space, if you don't want to be involved in group work' (P2)*

*'maybe even hypothetically, rather than people sitting around discussing their experiences' (P2)*

*'people would feel more comfortable or be able to get to the bottom of it if they discussed in more Private' (P7)*

Type of intervention- role models

*'role models are always important so perhaps either athletes or previous sports scholars that have had mental health issues and have sought help or even if they haven't sought help and they've kind of now come to a point where they're happy to talk about it. Having someone as an example of who's had a mental health issue and is happy to talk about it might be a positive in bringing sports scholars to the point where they can. It could be part of a*

*workshop where they are told about the services on offer, but they also have an ex-scholar or athlete who will come along and say I experienced this issue, it affected me in this way and it might be that I wish that I sought help earlier or I got help and it really helped me in this way.....Scholars will then think they can be identifiable with that person' (P4)*

*'maybe some articles some real-life sporting articles, I think there's Jonny Wilkinson who came out and said he was depressed, because when he retired he didn't know what to do, because he just did sport the whole time or played rugby. So just point them in the right direction of some of those and how they dealt with it and to actually say if one of the best rugby players in the world could actually come out or you know that's not that's not a negative. Maybe get rid of that stigma. It's a bad thing it's quite strong thing when actually it's very modern' (P6)*

*'someone who may have had experience, although that could be hard to maybe find that person. To have the combination of both would be a dream, a lot of people are involved in sport, but not involved in sport in a way that they know about the mental side of it' (P6)*

*'it might be nice to have a little 10 minute segment in there where somebody spoke about the problems they've had, if it means people are more likely to access that support then that would be good. We have got current scholars who have had mental health issues and I would be really interested in seeing whether at one point they would be willing to talk about that' (P7)*

*'having people like Jack Green, come in and talk about their own experiences and that is normal, well it's not normal, but it's okay to kind of feel like that..... Seeing a real person..... To hear from someone that's actually been through it and may be getting some speakers in to talk about it' (P9)*

*'I developed a bit more of a passion for mental health myself became an advocate. I just try and get young people on different types of people to talk about their mental health issues and get rid of the stigma and the negative stuff... I just wanna get involved' (P8)*

#### Type of intervention- knowledge

*'they don't think they have a problem' (P1)*

*'I still think big barrier is I mean some people are going to see student support and guidance or booking an appointment with a sports psychologist as them having a problem that they've got to rectify' (P7)*

*'maybe then not just understanding what's going on with them. They might not see it as a problem. So I think unless they actually did talk to someone, my issues I didn't know until I spoke to someone. How was kind of working and what I was thinking was obviously not healthy' (P8)*

#### Type of intervention - monitoring



*'I think just having a regular check, especially at like the crunch time of like the academic year, with exams coming up. They should have maybe have a little check-up with them to make sure that everything is all right' (P5)*

*'you could have some kind of monitoring system. So some of the GB players when they wake up they have to do questionnaire of how they feel, how much sleep they've had and see where they are by the end of the day or by the end of the week. Where are they physically and mentally' (P6)*

#### Type of intervention- social events

*'maybe it would be nice to do more on top of the workshops. I think maybe a few events, where we actually just sort of get to speak to other scholars. I think that would be nice to get to know some of them a bit more. It might be like one of those sort of things where we can problem solve, network and mingle and stuff..... Have like-minded people to do just to socialise with.....' (P9)*

*'To bridge that gap is quite difficult, but then they are all quite formal, when you're sitting down and watching a presentation.....so there's not really networking or social'. (P5)*

#### Mentor role:

*'as a mentor I think it would probably help if I knew a little bit more about those kind of aspects like counselling and things, like just the basics of helping someone in that kind of situation. A mentor could provide some help in the meantime' (P4)*

*'we meet with the scholars on a termly basis, which is probably not really enough to build a relationship. Maybe not necessarily more frequent meetings, but more continuous contact. The challenge is that it would be very time-consuming' (P4)*

*'having a few more meetings may be' (P5)*

*'have your first meeting with your mentor and then maybe being able to give feedback and say I don't think this mentor is right for me. You should be able to choose your mentor' (P5)*

*'the mentor knows a lot about sport, excellent. But does he know anything about this? I don't think the vast majority do, you don't quite know if they've got enough knowledge to point you in the right direction' (P6)*

*'we have three meetings with mentors throughout the year..... Maybe it should be a bit more personal and in the very first one, in the first year, maybe talk about bringing up some sort of services that are available' (P9)*

#### Sport psychology:

*'we had a free meeting with them.....if we had one taster session with psychology for free and then after that there was a fee that would be fine' (P1)*

*'I think they should be mandatory for people. Everyone should have at least one, just to sort of at least do the initial profiles if anything comes up. Then if anything comes up in that first*

*session the sports psychologist can't help with, because are not trained to deal with mental health..... They should be directing them to someone who can and just think there should be more available and the accessibility of it I think..... I think people need to be actually physically shown. The first one with a sports psychologist, we just sort of it required us to come with a problem and talk about it. I found it really helpful, but this is the first year that it is happened and if this had happened in my first year, perhaps I wouldn't have struggled so much in the subsequent years ' (P9)*

*'He said he was going to do all this stuff and yer know what he said he was going to do sounded like it was really going to help. I left the meeting and I never heard anything' (P1)*

*'I think having more regular throughout the year and maybe more advertised as well ' (P8)*

#### Student support service:

*'I was told there was no support available until September next year. 38 week wait is ridiculous. I don't think it's taken seriously enough..... I don't think its advertised enough..... I had to miss lectures' (P1)*

*'you don't know that it helps. You've got the tendency to think that for people who have got a problem' (P4)*

*'some clarity on how to go about accessing it' (P4)*

*'I don't see any posters or don't see anything on the University pages or anything like that. I don't receive any emails regarding it or anything like that so it feels like the options only there if you search for it, whereas if it was presented to more people I think I'd be more inclined to at least try' (P8)*

*'I wouldn't know of any services. You kind of see them advertised, but I wouldn't know how to access it' (P5)*

*'I think they are based in the library, ummmm, whereabouts I don't quite know' (P6)*

*'I don't think many people know that they exist. I mean I have to search quite a lot to see them and I think just that they get advertised on the psychology blackboard quite a lot, because I think the psychology department are more aware of those sorts of problems. So I think mainly that people probably don't know that it exists, so lack of advertising of it and then the process.....It's quite restrictive. ' (P9)*

*'the counselling service could just say, we are here if you need any help' (P5)*

#### Athlete specific space:

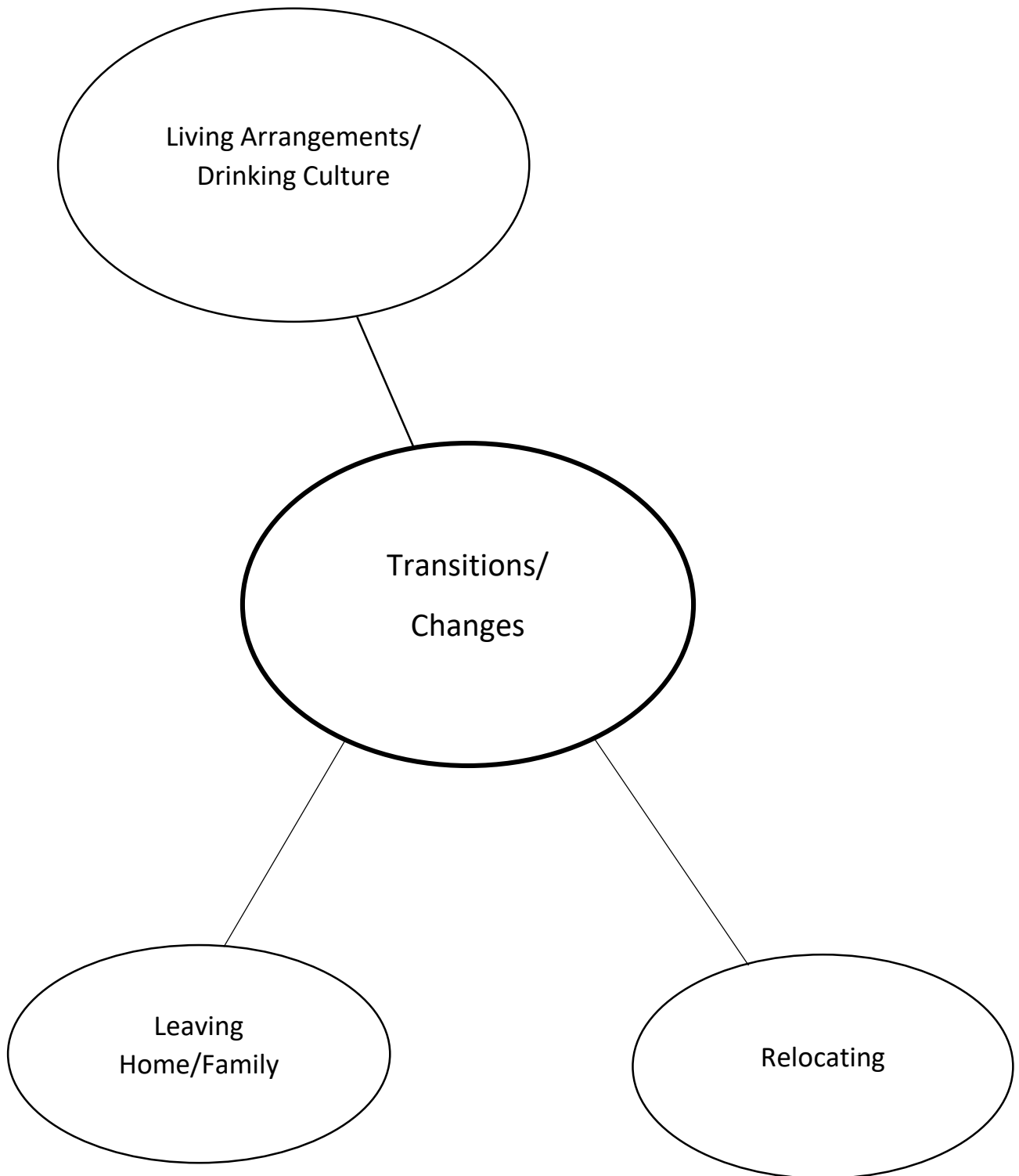
*'you don't want a clinic environment, but then again you don't want like an overly colourful children's area, there's a fine line in between. I know it's hard with this but I know almost like a lounge area' (P7)*

*'I feel like there should be room, quite particular room that even if there is not psychologist or some someone to help and consult, then people can go to. Maybe a kind of sport-based*

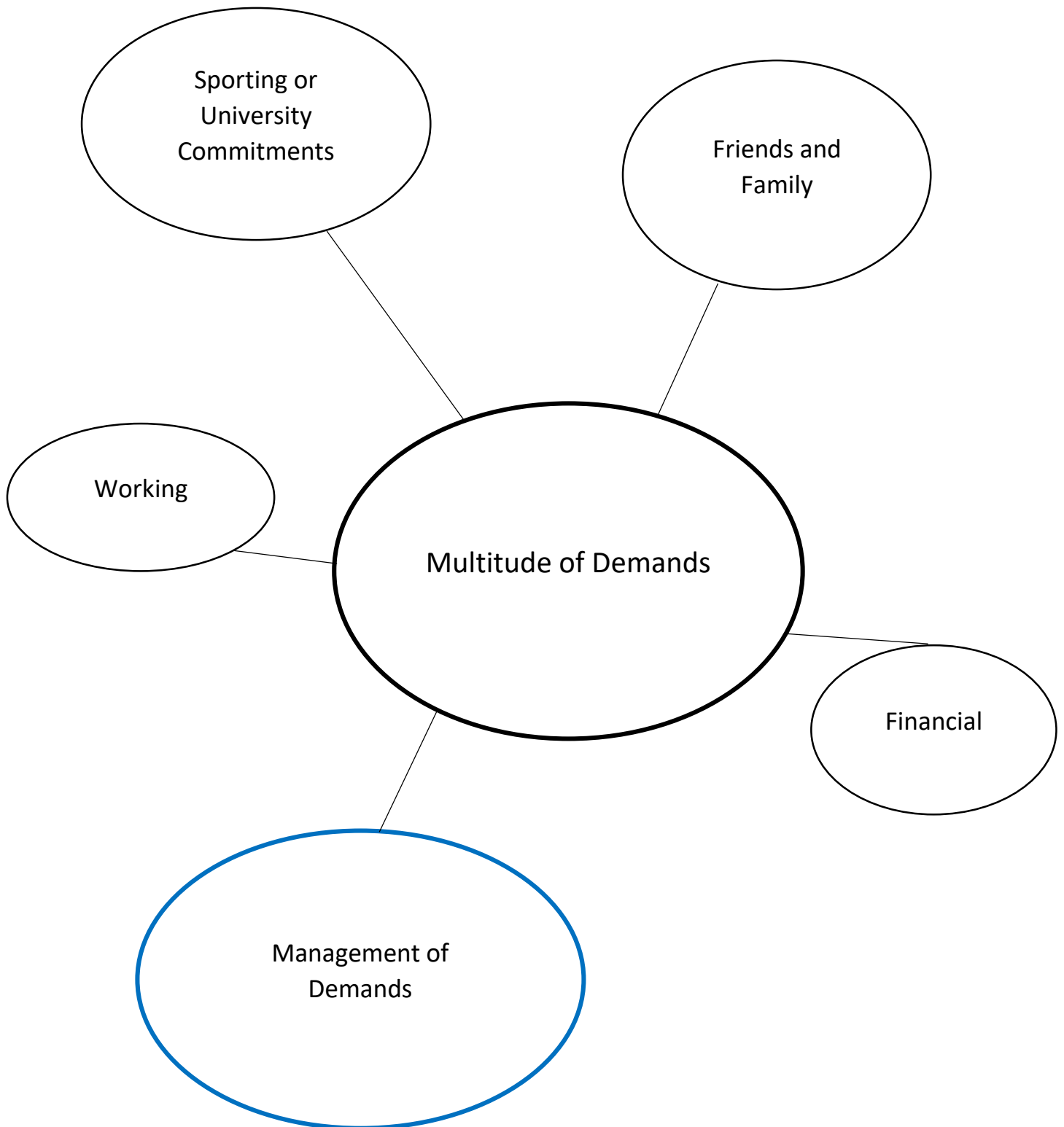
*room for where people can go and you know.... I think it's important to have a psychologist there, but I think that would be where you individually booking and it obviously depends on their time and their availability. They might have, sports equipment, beanbags, games consoles, I dunno really..... You can come in and you could say like had a really bad result last week and you can just talk to people' (P8)*

**Appendix P: Thematic analysis mind maps**

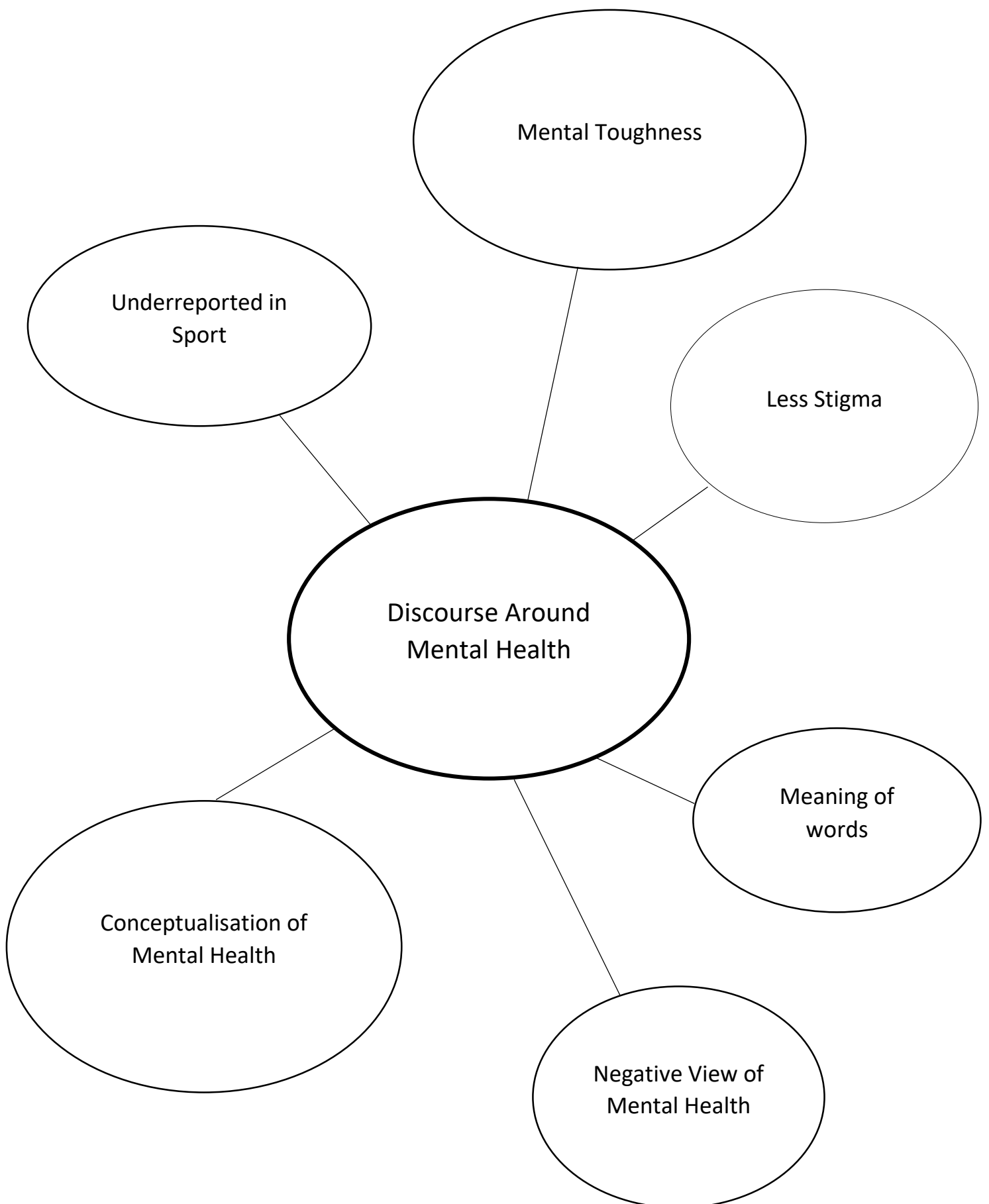
Theme 1: Transitions/Changes



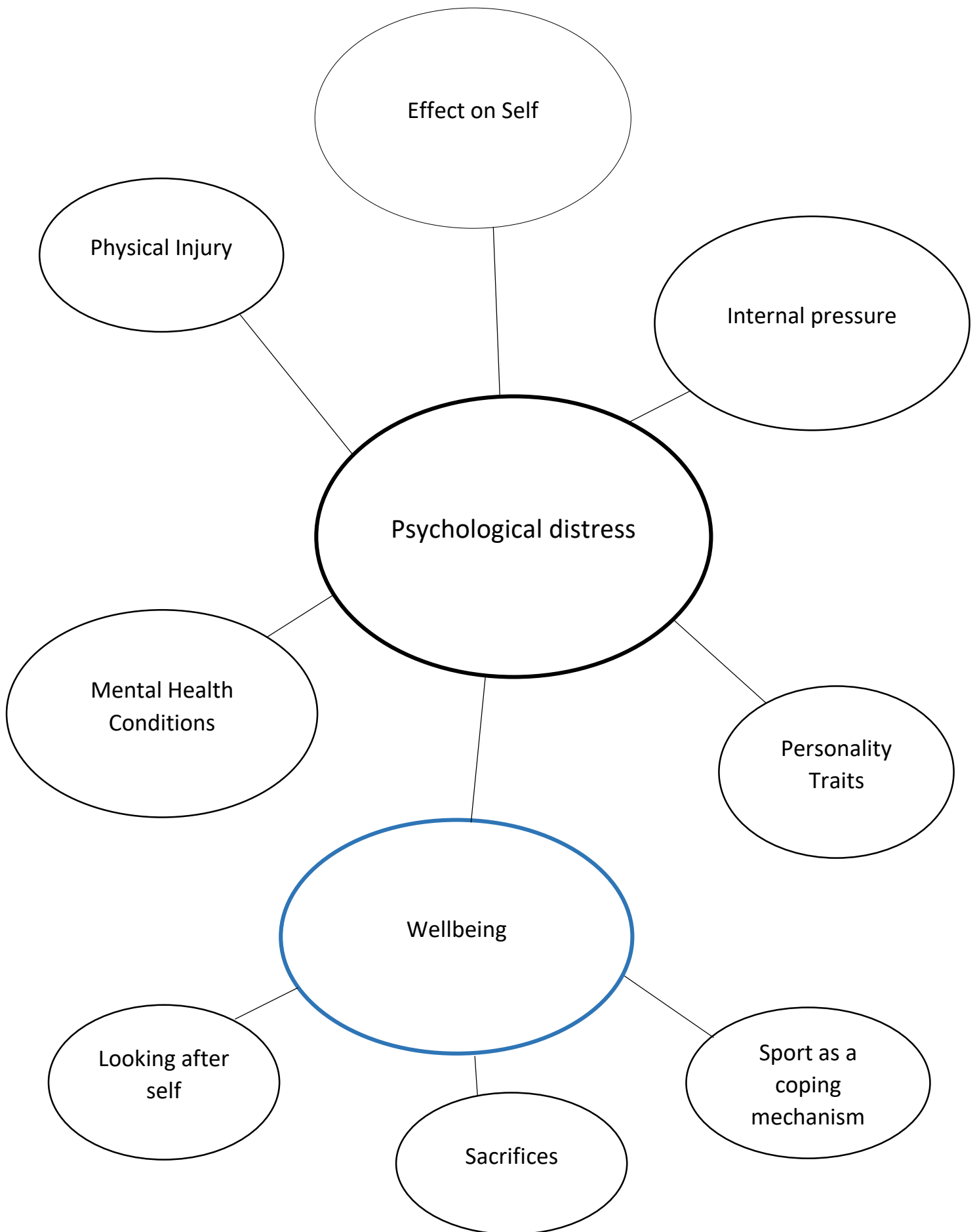
Theme 2: Multitude of Demands



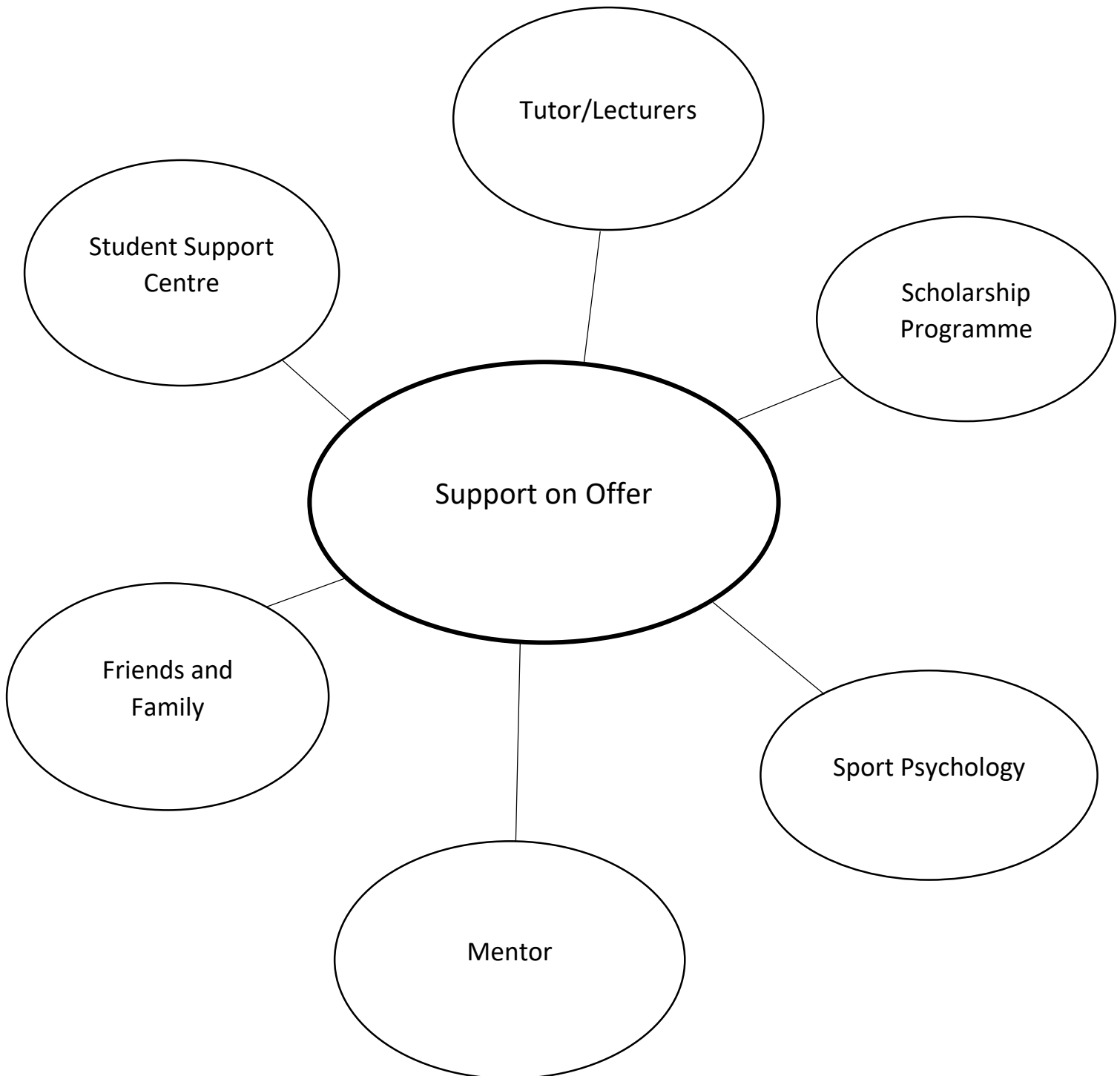
Theme 3: Discourse Around Mental Health



Theme 4: Psychological distress

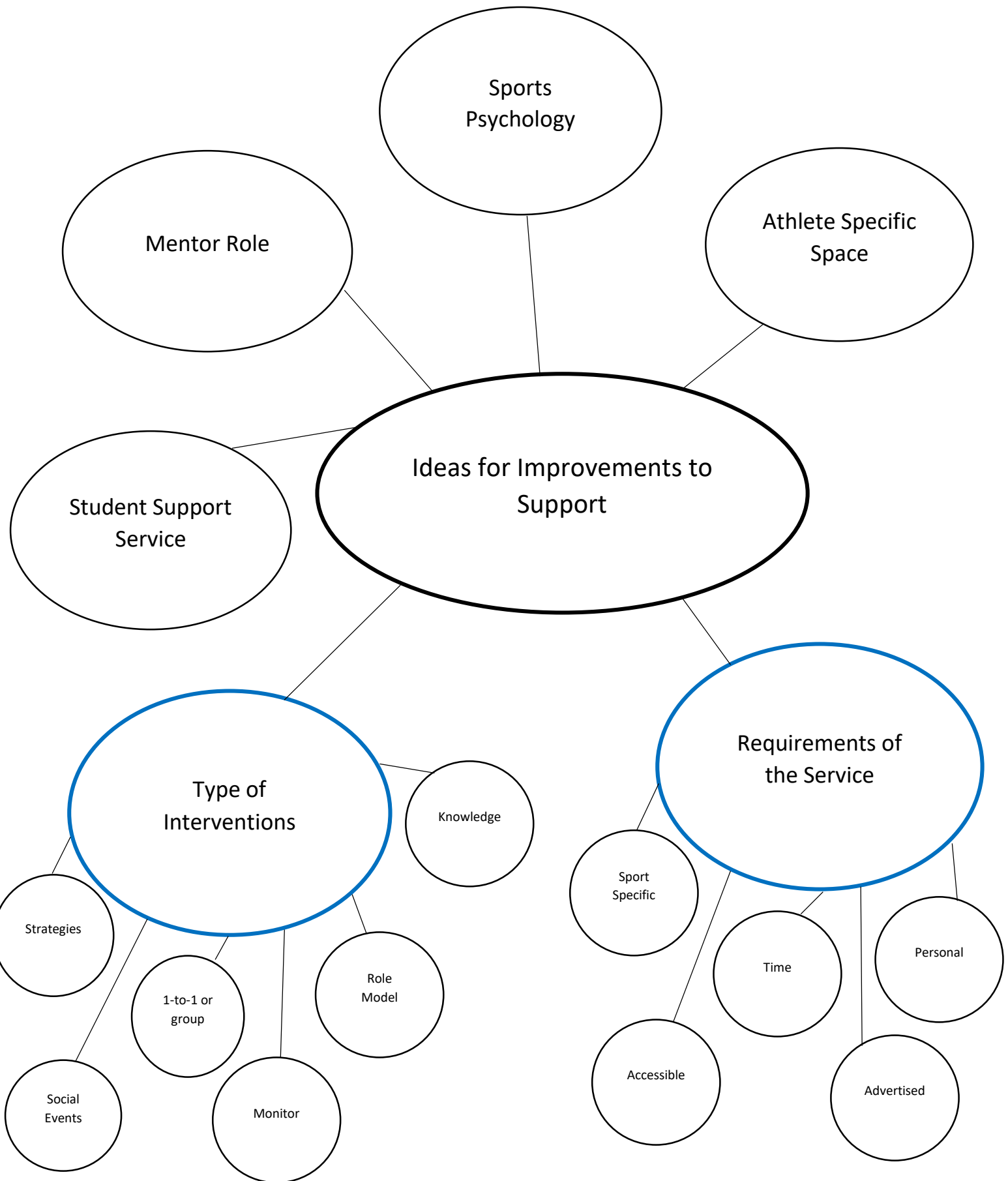


Theme 5: Support on Offer





Theme 6: Ideas for Improvement



## Appendix Q: Author guidance for Journal of Clinical Sport Psychology

### Authorship Guidelines

The Journals Division at Human Kinetics adheres to the criteria for authorship as outlined by the International Committee of Medical Journal Editors\*:

Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to:

- a. Conception and design, or analysis and interpretation of data; and
- b. Drafting the article or revising it critically for important intellectual content; and
- c. Final approval of the version to be published.

Conditions a, b, and c must all be met. Individuals who do not meet the above criteria may be listed in the acknowledgments section of the manuscript.

\*Uniform requirements for manuscripts submitted to biomedical journals. *New England Journal of Medicine*, 1991, 324, 424–428.

### Open Access

Human Kinetics is pleased to allow our authors the option of having their articles published Open Access within *JCSP*. In order for an article to be published Open Access, authors must complete and return the Request for Open Access form and provide payment for this option.

### Manuscript Guidelines

The *Journal of Clinical Sport Psychology (JCSP)* is a scholarly, peer-reviewed journal that provides practical and clinically relevant recommendations to mental health providers and practitioners in sport and exercise psychology, stimulates provocative discussions, promotes best practices and intervention strategies, and disseminates applied research findings that clearly show clinical relevance. The journal covers a broad range of topics. Some examples of relevant topics include psychology of injury, eating disorders, exercise and mental health, and substance use disorders. This journal highlights the clinical application of research findings within direct psychological service delivery spanning a wide range of clients and settings. *JCSP* recognizes the importance of diverse methodologies, varied treatment approaches, and the importance of having authors represent a wide range of perspectives around sport and exercise psychology. *JCSP* is international in scope and submissions from around the world and with diverse populations are encouraged.

### Writing Style

All manuscript submissions should be written in accessible language, free of scientific jargon, and easily understood by a wide variety of clinicians and applied sport psychology practitioners. To align with the mission of *JCSP*, submissions should strive to demonstrate clinical relevance. Authors should follow the latest version of APA style, and manuscripts should be void of typos and grammatical errors. Line numbering and 12-point font should be used for the double-spaced document.

### Types of Papers

**1. Original research papers** follow traditional format and section headings to demonstrate literature background, methods, results, and discussion. All methodologies are welcomed

(e.g., quantitative, qualitative, and mixed methods). To follow ethical research procedures, prior institutional review board approval is expected. Applied and clinical relevance of the project should be clearly demonstrated throughout. Authors are strongly encouraged to include a clinical implications section in their manuscript to provide practical implications for clinicians or practitioners working in this field. Including abstract, tables, and references these papers should not exceed 30 pages.

**2. Practice papers** are applied pieces that may, for example, detail “best practice” prevention, intervention, or treatment approaches to addressing problems within sport, exercise, and performance contexts. Another option is a “lessons learned” paper that describes challenges and recommendations gleaned from implementing a program or intervention with athletes, exercisers, or performers. Papers may also use published research findings or theoretical frameworks to inform practice recommendations to clinicians, practitioners, and others working in the field. These papers should be 20 pages or less, including the abstract, tables, and references.

**3. Commentaries** are brief papers that describe hot topics in the field or argue for a particular viewpoint, therapeutic approach or strategies for navigating challenges that may arise in research and practice for sport and exercise psychology. Although these may be viewed as “opinion papers”, authors should tie ideas to the literature and employ a professional tone to ensure a compelling scholarly argument. These papers require abstracts and should not exceed 10 pages.

**4. Case illustration and therapeutic approach papers** articulate a specific and in depth case to make a problem “come to life” and illustrate challenges and intervention strategies in a clinical or applied setting. If based on a real case, all identifying characteristics should be altered to protect the identity of the client(s). These papers must include a case narrative, case interpretation, and a clinical implications section with a recommended therapeutic approach supported by research. These papers require abstracts and should not exceed 7 pages.

Questions about the journal or manuscript submission should be directed to the Assistant Editor, Christina Johnson, [ChristinaJ@hkusa.com](mailto:ChristinaJ@hkusa.com).

### **Artwork Instructions**

In figures, use black and white only, no shading or color. Resolution of digital images should be 300 dpi at full size for photos and 600 dpi for line art; color images cannot be accepted. Figures or photos should be in .jpeg or .tif files. Format tables using the “Table” function of your word processing program rather than aligning columns in text with tabs and spaces or using text boxes.

### **Review**

The review process is blind, with manuscripts read by at least two reviewers. There are no page charges to contributors. Authors of manuscripts accepted for publication must transfer copyright to Human Kinetics, Inc

