

Developing mental health literacy and cultural competence in elite sport

Paul Gorczynski

School of Sport, Health, and Exercise Science, University of Portsmouth, UK

Alan Currie

Regional Affective Disorders Service, Northumberland Tyne and Wear NHS Foundation Trust, Newcastle, UK

Kass Gibson

School of Sport, Health and Wellbeing, Marjon University, UK

Vincent Goutteborge

Department of Orthopaedic Surgery, Amsterdam UMC, University of Amsterdam, Amsterdam Movement Sciences, The Netherlands

Brian Hainline

Sport Science Institute, National Collegiate Athletic Association, USA

Joao Mauricio Castaldelli-Maia

Department of Neuroscience, ABC Health University Center, Brazil; Department of Psychiatry, Medical School, University of São Paulo, Brazil

Margo Mountjoy

Department of Family Medicine/ Sport Medicine, McMaster University, Canada; FINA Bureau Liaison to Sport Medicine, Switzerland

Rosemary Purcell

Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne; Centre for Youth Mental Health, The University of Melbourne, Australia

Claudia L. Reardon

University of Wisconsin School of Medicine and Public Health, Department of Psychiatry, USA

Simon Rice

Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne; Centre for Youth Mental Health, The University of Melbourne, Australia

Leslie Swartz

Department of Psychology, Stellenbosch University, Stellenbosch, Western Cape, South Africa

Corresponding Author: Paul Gorczynski, School of Sport, Health, and Exercise Science, University of Portsmouth, UK. Paul.gorczynski@port.ac.uk

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Abstract

Mental health symptoms and disorders amongst elite athletes have attracted a great deal of discussion recently. Current epidemiological evidence illustrates that mental health symptoms and disorders in elite athletes are prevalent and a concern for athletes, coaches, and sport organizations. Recently, seven consensus, expert, or position statements have been written on the topic of mental health in elite sport. A strategy suggested by each of the seven statements – aimed at preventing and treating mental health symptoms and disorders in elite athletes, both individually and systemically – is to employ education interventions, specifically those based on increasing mental health literacy. Mental health literacy has come to include concepts related to knowledge of effective self-management strategies, challenging mental disorder stigma, awareness and use of mental health first-aid to assist others, and the facilitation of help seeking behaviors. In elite sport, questions remain about how mental health literacy can address the unique needs of the individual athlete, but also factor in their culture and their environment to identify how to prevent and treat mental health symptoms and disorders. The purpose of this commentary is twofold: 1) to explore the evolving concept of mental health literacy within elite sport which addresses individuals, their culture, and their environment, and 2) to propose strategies for best practice and research in mental health literacy within elite sport relying on collaboration between sports psychiatry, sport psychology, and clinical psychology.

Keywords: elite sport, mental health, mental health literacy, cultural competence

Lay Summary

Expert statements on mental health in elite sport have suggested the use of educational strategies to address poor mental health in elite athletes. This commentary explores the concept of mental health literacy within elite sport which addresses individuals, their culture, and their environment, and proposes strategies for best practice.

Implications for Practice:

- Mental health literacy interventions should be based on detailed knowledge of developmental, cultural, and social issues related to sport participation and systemic issues within sport settings and organizations.
- Mental health literacy interventions should be designed in a manner which takes due account of cultural issues and contexts, where sport organisational goals are considered while helping organisations recognise and address mental health symptoms and disorders and also create sport environments where individuals can thrive.
- Mental health literacy interventions should have measurable impact on both organizations and individuals.

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Introduction

Mental health symptoms and disorders amongst elite athletes have attracted great discussion in the last few years (Reardon, 2017; Reardon & Factor, 2010; Rice et al., 2016; Ströhle et al., 2018). This increased attention is important because it shows that mental health symptoms and disorders are experienced throughout all of society, being prevalent amongst members of the general public and elite athletes (Gorczyński et al., 2017). This attention also addresses a topic that has for a very long time been highly stigmatized and ignored (Hainline & Reardon, 2019). The World Health Organization (WHO) defines mental health as: “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2001, p.1). Like physical health, mental health allows individuals to function, deal with stress, perform meaningful work, and contribute to society. Mental health symptoms and disorders are characterised by manifestations that can negatively affect a person’s cognitions, emotions, behaviors, social relationships, occupational functioning, and functioning in daily life. Mental health symptoms and disorders must meet specific criteria for diagnosis regarding their duration, frequency, and severity (American Psychiatric Association, 2013; WHO, 2018).

Recently, seven consensus, expert, and position statements have been written on the topic of mental health in elite sport (see: Breslin et al., 2019; Gorczyński et al., 2019; Henriksen et al. 2019; Moesch et al., 2018; Reardon et al., 2019; Schinke et al., 2018; Van Slingerland et al., 2019). These statements stretch across sports psychiatry and sport psychology, and include the field of clinical psychology, to identify means to prevent and address mental health symptoms and disorders in elite sport. Sports psychiatry, as advocated

by the International Society for Sports Psychiatry (ISSP), is concerned with the diagnosis and treatment of psychiatric disorders in athletes, the de-stigmatization of mental illness in sport, and the promotion of mental health in sport, regardless of level, throughout the lifespan. The ISSP “aims to carry the science and practice of psychiatry to the athletic community, so that all people may enjoy the benefits of healthy athletic participation and reach their full potential in sports.” (ISSP, n.d.). Sport psychology, meanwhile, is a field concerned with addressing the optimal performance of athletes and their well-being (American Psychological Association, 2019a). Additionally, sport psychology addresses developmental and social issues related to sport participation and systemic issues within sport settings and organizations. Clinical psychology provides mental and behavioral health care to individuals and groups to address psychological distress and promote well-being (American Psychological Association, 2019b).

Sports psychiatry, sport psychology, and clinical psychology offer an ecological perspective on the well-being of the athlete, addressing intra-individual (e.g., knowledge, attitudes, self-efficacy), inter-individual (e.g., connectedness and depth of social networks), organizational (e.g., organizational culture, organizational capacity, physical environment), and policy (e.g., informal rules, regulations) level factors that may influence mental health (McLaren & Hawe, 2005; Schinke et al., 2018). Sports psychiatry, sport psychology, and clinical psychology work with and across individual, cultural, and environmental factors that affect the well-being of the athlete. Culture is defined as shared beliefs, feelings, knowledge, and objects that drive or motivate individuals to categorize or assign meanings to things, expect particular behaviors, or act in certain ways (D’Andrade, 1995). Each of the recent seven consensus, expert or position statements has highlighted the need to address the individual athlete, their culture, and their environment to prevent and treat mental health symptoms and disorders. This language used by each statement reflects the spirit of the

ecological perspective and offers a way forward for research and practice that unites, and recognizes the importance of, sports psychiatry, sport psychology, and clinical psychology to address the mental health of elite athletes.

The ecological perspective allows for an integrative approach to studying mental health in elite athletes, be it the examination of genes, culture, or the environment or their interactions, to create new preventive and therapeutic strategies (Uher & Zwicker, 2017). Such an approach to investigating mental health and treating mental health symptoms and disorders in elite athletes has been termed the holistic lifespan perspective (Stambulova & Wylleman, 2014; Wylleman, Reints, & De Knop, 2013). Within this perspective, the athlete is viewed as a whole person, their development seen as multi-dimensional (e.g., athletic, academic, vocational, psychological, psychosocial), and their time spent in both athletic and non-athletic domains recognized. This perspective provides a more thorough understanding of the athlete, and the multiple factors that contribute to their mental health situated within their entire career and beyond.

A strategy suggested by each of the seven statements (see: Breslin et al., 2019; Gorczynski et al., 2019; Henriksen et al. 2019; Moesch et al., 2018; Reardon et al., 2019; Schinke et al., 2018; Van Slingerland et al., 2019) – aimed at preventing and treating mental health symptoms and disorders in elite athletes, both individually and systemically – is to employ education interventions, specifically those based on increasing mental health literacy. Mental health literacy was first defined as the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm, 1997, p. 182). Here, mental health literacy is concerned with the skills of the individual and how changes in knowledge and attitudes can lead to improved help seeking, and proactive self-health behaviors (e.g., stress management and reducing substance misuse). In elite sport, questions remain about how mental health literacy can address the unique needs of the individual athlete, but also

factor in their culture and their environment to prevent and treat mental health symptoms and disorders.

The purpose of this commentary is twofold: 1) to explore the evolving concept of mental health literacy within elite sport which addresses individuals, their culture, and their environment, and 2) to propose strategies for best practice and research in mental health literacy within elite sport relying on collaboration between sports psychiatry, sport psychology, and clinical psychology. This commentary is an opportunity to better define core competencies around mental health literacy and discuss the importance of individual, cultural, and environmental factors. This involves the development of skills to appreciate, understand and interact with a variety of athletes, and that take into consideration the social and cultural needs of those athletes. Below we review the mental well-being and mental health symptoms and disorders of athletes in elite sport; outline important individual, cultural, and environmental factors that influence mental well-being and mental health symptoms and disorders; provide a discussion on mental health literacy; and conclude with recommendations for further practice and research.

Mental well-being and mental health symptoms and disorders in elite sport

Current epidemiological evidence illustrates that mental health symptoms and disorders in elite athletes are prevalent and a concern for athletes, coaches, and sport organizations (Gouttebarga et al., 2019; Reardon et al., 2019). A systematic review and meta-analysis of the occurrence of mental health symptoms and disorders amongst current and former elite athletes showed that symptoms of distress, sleep disturbance, anxiety/depression, and alcohol misuse ranged from 19% (alcohol misuse) to 34% (anxiety/depression) for current elite athletes and 16% (distress) to 26% (anxiety/depression) for former elite athletes (Gouttebarga

et al., 2019). Here, elite athletes were defined as those who were professional or Olympic athletes.. These results were in keeping with other recent systematic reviews and meta-analyses of symptoms of common mental health symptoms and disorders in elite athletes (Gorczynski et al., 2017; Rice et al., 2016). Given the sample size and methodological differences in the studies included in the systematic review and meta-analysis conducted by Gouttebauge et al. (2019), little can be concluded regarding the correlates of mental health symptoms and disorders. Data on various sporting and demographic subgroups were scarce or not available. For instance, most studies in the review focused on team sports, few studies included female athletes, and no studies included information on race, ethnicity, disability, socioeconomic status, or sexuality. Previous research has shown that such information is key to understanding mental health symptoms and disorders and what factors to address to improve mental health, be they individual, cultural, or environmental factors (Castaldelli-Maia et al., 2019; Moreland et al., 2018; Reardon et al., 2019).

For instance, as recently reviewed by Reardon and colleagues (2019), increased risk of depressive symptoms in elite athletes has been associated with genetic factors, female sex, poor quality social relationships, participating in aesthetic sports, individual sports, injury and pain, concussion, and retirement, especially if unexpected. For anxiety symptoms, increased risk has been associated with career dissatisfaction, female sex, younger age, musculoskeletal injury, and having one or more adverse life events (Rice et al., 2019). These factors are also associated with non-accidental violence, which results in compromised mental well-being and the development of mental health symptoms and disorders of athletes (Mountjoy et al., 2016). Non-accidental violence includes the psychological, physical, sexual, or neglectful harassment and / or abuse experienced by athletes as a result of actual or perceived imbalances of power, based on discriminations rooted in a particular cultural and temporal context. As in wider society, elite athletes can be discriminated against based on their

biological sex, gender identity and expression, race, ethnicity, indigeneity, (dis)ability, age, athletic ability, athletic longevity, faith, sexuality, socioeconomic status, or combinations of these factors. Elite athletes who are younger; identify as lesbian, gay, bisexual, transgender, or queer; and have a disability are at greatest risk for non-accidental violence (Mountjoy et al., 2016).

Ensuring the mental health of athletes and preventing or addressing mental health symptoms and disorders in athletes requires careful attention devoted to such personal factors, as well as their cultural and environmental contexts, given disparities in mental health between individuals of various identities in different cultures, times, and environments (Castaldelli-Maia et al., 2019; Schinke et al., 2018). Personal, cultural, and environmental factors can either act as barriers or influencers to accessing information about and services for mental disorders (Castaldelli-Maia et al., 2019). In their systematic review of cultural influencers and barriers to elite athletes seeking treatment, Castaldelli-Maia and colleagues (2019) identified factors such as mental disorder stigma, poor knowledge of mental health symptoms and disorders, negative past experiences with mental health services, and busy schedules having an impact on whether elite athletes learn about and seek support for mental health symptoms and disorders.

Being aware and mindful of personal, cultural, and environmental factors that influence mental health is a key component of cultural competence. Cultural competence, in a health care model, is defined as “understanding the importance of social and cultural influences on patients’ health beliefs and behaviors; considering how these factors interact at multiple levels of the health care delivery system...; and, finally, devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations” (Betancourt et al., 2003, p.297). Being culturally competent requires individuals and organizations to acknowledge, embrace, and support diverse views, beliefs, and health

needs (Karmali, Grabovsky, Levy, & Keatins, 2011). In order to deliver improved mental health outcomes, sport organizations and mental health services need to operate in a manner that moves towards cultural competence. Developing cultural competence is a daunting task and not one that is ever complete – it requires not only new knowledge and skills but also a continuous monitoring of one’s own evolving cultural assumptions and positioning (Crabtree, 2019; Kirmayer, 2013). It also requires an understanding of the complex ways in which people may shift cultural positionings over time and use ideas about cultural difference in a range of ways. This may include using cultural positioning as an excuse for the perpetration of abuse, for example, arguing that gender-based violence is acceptable if perpetrated by people who hold certain cultural views about gender and power (McGoldrick et al., 1982).

Sport organizations need to ensure that the leadership and staff are diverse, representative, and understanding of their athletes and that there is a structural process that, as far as possible, provides equitable access to mental health information and services to all athletes (Betancourt et al., 2003). Mental health services used by athletes need to demonstrate cultural competence at the clinical level, by ensuring staff are aware of individual, cultural, and environmental factors that may influence mental health outcomes (Betancourt et al., 2003). Additionally, mental health literacy interventions need to be delivered in a culturally competent manner.

Mental health literacy and its evolution

The concept of mental health literacy was born from research in the field of health literacy which showed how low functional literacy was associated with poor health outcomes (Dewalt et al., 2004; Jorm, 1997). Initially concerned with helping individuals to be able to read and understand prescription labels, appointment notices, and other health related

material (American Medical Association, 1992), the concept slowly evolved to include other skills related to self- and community-empowerment to advocate for one's own health and the health of others. Today, health literacy is defined as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health” (WHO, 1998, p. 10).

Just as health literacy has evolved from a definition focusing on functional literacy to one that incorporates cognitive and social skills, so too has the concept of mental health literacy. Mental health literacy has come to include concepts related to knowledge of effective self-management strategies, challenging mental disorder stigma, awareness and use of mental health first-aid to assist others, and the facilitation of help seeking behaviors. Mental health first-aid is an education programme that was designed to help individuals improve their knowledge of mental well-being, and mental health symptoms and disorders, and respond to those who may be experiencing acute or chronic symptoms of mental disorders (Kitchener & Jorm, 2002). Similar to health literacy, the Canadian Alliance on Mental Illness and Mental Health has recognized the need for cognitive and social skills related to the promotion of good mental health, but also the need for policies to help prevent and manage mental disorders (Canadian Alliance on Mental Illness and Mental Health, 2007; 2008). Here, mental health literacy is seen as a form of community empowerment, aimed at helping advocate for one's own *mental* health and the *mental* health of others (Jorm, 2012).

Key to any strategy aimed at enhancing mental health literacy amongst elite athletes is that it be delivered in a manner that is context specific and culturally competent (Kutcher, Wei, & Coniglio, 2016). It is important not to conflate mental health literacy with acceptance of a dominant “western” paradigm of understanding mental health symptoms and disorders – in different contexts, people who hold a range of views on mental health symptoms and

disorders may be viewed as contextually literate regarding mental health (Defehr, 2016; Na, Ryder, & Kirmayer, 2016; Rathod et al., 2017; Tribe, 2014).

Kutcher Wei, and Coniglio, (2016) further argue that mental health literacy strategies should also be developmentally appropriate (i.e., delivered continuously across the lifespan with due regard to developmental stage) and integrated into organizational structures and policy (i.e., those of sports teams, sports leagues, and sports organizations). Mental health literacy interventions need to deliver information on mental health symptoms and disorders, provide strategies to promote mental health, challenge beliefs and attitudes about mental health symptoms and disorders, and remove barriers to setting intentions to seek support for mental health. The curricula of such interventions need to be designed to address individual, cultural, and environmental factors that influence mental well-being and treatment of mental health symptoms and disorders. Mental health literacy interventions need to be able not only to promote change amongst elite athletes, where individual skill sets and competencies, such as knowledge of and attitudes toward mental disorders, and intentions to seek support, are transformed, but also have an impact on the organizations that house elite athletes. Expressed differently, interventions must promote organisational change and not replicate information, education, and communication strategies that expect individuals to take full responsibility for their mental well-being. Without an approach to mental health literacy which takes due account of the context of these organizations, there is some danger that mental health literacy interventions may focus only on the athletes themselves, without addressing contextual factors which may impede good mental health. Mental health literacy interventions should not be considered out of the context of broader efforts to train and support athletes in environments which are maximally supportive and promotive of athletes' health and human rights.

To date, research that has examined mental health literacy interventions in sport has shown some impact on mental health literacy outcomes. In their systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches and officials, Breslin and colleagues (2017) have shown that mental health literacy interventions have been associated with improved knowledge of mental health symptoms and disorders, increased professional knowledge, reduced stigma, improved referral confidence, and improved intentions to seek support. Despite these benefits, Breslin and colleagues (2017) urge readers to be cautious when examining these findings. The interventions examined in each of the included 10 studies were all structured and delivered differently, and expressed limited awareness of cultural factors that may impact mental health. Furthermore, interventions were mostly evaluated through non-rigorous methods, for instance, interventions employed amongst small samples in the absence of control groups; interventions that had limited follow-up evaluation periods; and interventions that tended not to use either valid or reliable psychometric scales. Given the importance placed on such interventions in each of the consensus, expert, and position statements written recently, steps need to be taken to not only improve mental health literacy interventions in elite sport from a practical perspective, but also a research perspective. This presents unique opportunities for sports psychiatrists, sport psychologists, and clinical psychologists to help design and disseminate evidence-based mental health literacy interventions.

Future directions

The British Association of Sport and Exercise Sciences has provided recommendations for improved practice and research in mental health literacy interventions in elite sport (Gorczyński et al. 2019). Their recommendations for elite athletes are in

keeping with current recommendations for mental health literacy programming for educational and public health organizations (Kutcher, Wei, & Coniglio, 2016). Furthermore, their recommendations are also in line with the aims and values of fields of sports psychiatry, sport psychology, and clinical psychology. Here, then, we add to these recommendations.

1) Sports psychiatrists, sport psychologists, and clinical psychologists need to play foundational roles in the design, delivery, and evaluation of mental health literacy interventions in elite sport. Mental health literacy interventions require detailed knowledge of mental health symptoms and disorders, and their diagnoses and treatment. Additionally, detailed knowledge is required of developmental, cultural, and social issues related to sport participation and systemic issues within sport settings and organizations. Collaborative training programmes, joint conferences, and inclusive societies will help ensure continued exchange of knowledge to strengthen competencies across both professions. Recently, the International Olympic Committee consensus statement on the mental health of elite athletes brought together a diverse group of experts, including psychiatrists, psychologists, primary care and orthopaedic sports medicine physicians, exercise scientists, a neurologist, a neurological surgeon and a social worker from 13 different countries (Reardon et al., 2019). Since its publication, the consensus statement has influenced the creation of several educational resources on the mental health of athletes (e.g., Athlete 365 #well-being, International Olympic Committee, 2019). Further resources, including a mental health toolkit and interdisciplinary educational opportunities, have been proposed by the IOC Mental Health Working Group

2) Mental health literacy interventions in elite sport need to be based on sound pedagogical principles and in a manner that sees mental health literacy as a process, where mental health

literacy training starts at an early training age, is developmentally appropriate and specific, and delivered over the lifespan. Becoming literate in recognising symptoms of mental health symptoms and disorders, and becoming confident and proficient in using self-care and professional care practices to improve one's mental health, is developed over time. Evidence from mental health interventions delivered in schools suggests that effective programmes focus on teaching self-care skills, positive mental health, and engagement with both younger and older children, and that they are delivered over a lengthy period of time with the involvement of teachers, parents, broader communities, and outside agencies (Weare & Nind, 2011; Kutcher, Wei, Costa, Gusmão, Skokauskas, & Sourander, 2016). Through a developmental approach, delivered over the lifespan in a theoretically sound manner, mental health literacy interventions may lead to strong intentions to seek support by addressing changes in various beliefs, including attitudes toward mental disorders and their treatment, subjective norms or the way people perceive others and how they discuss and deal with mental health symptoms and disorders, and also address real or perceived aspects of behavioral control (Ajzen, 1991; Breslin et al., 2019). In sport settings, changes in mental health literacy should be explored through various theoretical approaches to behaviour change.

3) Mental health literacy interventions need to be designed in a manner which takes due account of cultural issues and contexts, where sport organisational goals are considered while helping organisations recognise and address mental health symptoms and disorders and also create sport environments where individuals can thrive. Here, mental health literacy is a central component of the overall strategic plan for the organization. Specifically, with regards to the strategic planning of mental health, organizations need to know: 1) what is the current state of mental health symptoms and disorders and mental health literacy amongst their

athletes, coaches, and support staff (analysis); 2) what are the organizations' objectives regarding the mental health of its athletes, coaches, and support staff's mental health and mental health literacy (vision); 3) how does the organization plan to get its athletes, coaches, and support staff there (action); and 4) are they actually getting their athletes, coaches, and support staff there (control) (adapted from O'Boyle, 2017). To answer such questions would require a thorough understanding and assessment of organisational strengths, weaknesses, opportunities, and threats (SWOT). Through a mental health literacy SWOT analysis, mental health literacy interventions can proactively address the unique challenges associated with a particular sport, and identify personal, cultural, and environmental factors related to mental well-being and mental health symptoms and disorders. The collection of demographic and psychometric data is key and should rely on the use of scales found to be reliable and valid in sport settings, with due regard to cross-cultural issues in assessment. For instance, the use of the Athlete Psychological Strain Questionnaire (APSQ), has been shown to be reliable and valid in some athletic populations. The APSQ may be used to identify early symptoms of psychological strain in athletes and help lead to timely management (Rice et al., 2019). The International Olympic Committee provides a comprehensive structure to strategic planning that focusses on the development and well-being of its athletes and provides a structure for participation by those athletes in the process (See: The International Olympic Committee Athletes' Commission Strategy, 2017).

4) Mental health literacy interventions need to be designed with collective awareness, where the mental health of all individuals involved in elite sport is addressed. The mental health of all individuals in a sport organization needs to be recognized, including coaches, officials, sport psychologists, sports psychiatrists, clinical psychologists, sport and exercise scientists, support staff, family members, and fans.

5) Mental health literacy interventions need to be delivered in an appropriate format using journalistic standards of reporting on mental health (e.g., Mind, 2013). This means avoiding prejudicial or pejorative references and being mindful of individual, cultural, and environmental factors.

6) Mental health literacy interventions need to have measurable impact on both organizations and individuals. Organizations must demonstrate changes in organizational culture and environment through clear and transparent policy structures. For individuals there needs to be an impact with respect to their knowledge of and attitudes towards mental disorders, as well as intentions to seek support for mental disorders. Rigorous methods using reliable and valid assessments need to be employed to show evidence of mental health literacy intervention impact. On an individual level, the Mental Health Literacy Scale may be used to examine all three major dimensions of mental health literacy (i.e., knowledge, attitudes, help seeking) (O'Connor & Casey, 2015), with due regard to cultural context.

7) Mental health literacy interventions and collected data needs to be shared to foster collaboration and enhance evidence-based practice in elite sport. This includes collecting information on challenges, barriers, and facilitators to developing interventions in a range of differing cultural contexts for different audiences. As suggested in Gorczynski et al. (2019), to enhance practice, mental health literacy programmes can be designed in an evidence-based manner that follows the behavioural epidemiological framework (Sallis et al., 2000). The framework, when adapted for mental health literacy in elite sport, would provide a series of sequential steps that would: 1) establish links between mental health literacy and mental health outcomes; 2) develop and use valid and reliable surveys of mental health literacy and

mental health outcomes; 3) identify and explore the determinants of mental health literacy and mental health outcomes; 4) evaluate mental health literacy interventions; and 5) translate mental health literacy interventions and disseminate them for widespread use.

8) An important feature of the social ecology of every individual involved in elite sport is the social context within which they live. Most athletes live in low- and middle-income countries, and two key contextual factors in these countries need to be considered and acknowledged in the construction of any mental health literacy strategy. First, there is a global imbalance between high-income countries and other countries regarding the availability of professional mental health resources (Alonso et al., 2018). For example, though there is a treatment gap for depression in high-income countries, with approximately one in five people receiving treatment, this gap rises to one person in 27 receiving treatment in low- and middle-income countries, with some countries having no, or close to no, formal mental health services (Thornicroft et. al, 2017). Second, in many societies, some people conceptualize mental health symptoms and disorders through spiritual or religious frameworks, and may seek care from religious, spiritual, and other carers and healers outside the biomedical health system (Burns & Tomita, 2015; Gureje, Nortje, Makanjuola, Oladeji, Seedat, & Jenkins, 2015). It is also the case that some athletes come from refugee or migrant backgrounds and may conceptualise mental health differently from how biomedical practitioners conceptualise mental health (Wenzel & Droždek, 2018). Any recommendations for the construction of mental health literacy intervention must be considered and applied within the local resources and beliefs contexts. Given the fact that there is almost no literature on mental health symptoms and disorders for athletes from low- and middle-income countries, knowledge of mental health symptoms and disorders and principles of assessment

and care in these contexts needs to be successfully adapted locally (Coetzee, Swartz, Capri & Adnams, 2019).

Conclusion

The mental well-being of elite athletes will continue to be a major concern for athletes, coaches, and sport organizations. Sports psychiatrists, sport psychologists, and clinical psychologists can work together to address individual, cultural, and environmental factors that affect the well-being of all athletes – and this requires collecting and sharing information on challenges, barriers, and facilitators to interventions in a range of differing cultural contexts. Mental health literacy strategies need to be evidence based, designed with collective awareness, pedagogically sound, developmentally appropriate, delivered over the lifespan, inclusive, and organizationally and culturally aware. For organizations, interventions should lead to changes in organizational culture and environment through clear and transparent policy structures. For individuals there needs to be an impact with respect to their knowledge of and attitudes towards mental disorders, as well as intentions to seek support for mental disorders. But, in order to show improvements in mental health symptoms and disorders in elite athletes, any advancements in mental health literacy also need to be considered and applied within the local resources and beliefs contexts. In essence, any mental health literacy intervention needs to demonstrate cultural competence. As experienced in the general population, mental health service availability, acceptability, and quality are pressing concerns for elite athletes, and important factors that determine whether treatment is sought (Moreland et al., 2018).

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