



Assessing the Irish Football Association’s “Ahead of the Game” coach education training programme on raising mental health literacy in youth football coaches

Topping, R., Paradis, K., & Ferguson, K. (Accepted/In press). Assessing the Irish Football Association’s “Ahead of the Game” coach education training programme on raising mental health literacy in youth football coaches. *International Sport Coaching Journal*.

[Link to publication record in Ulster University Research Portal](#)

Publication Status:

Accepted/In press: 05/05/2023

Document Version

Author Accepted version

General rights

Copyright for the publications made accessible via Ulster University's Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

Assessing the Irish Football Association's "Ahead of the Game" coach education training programme on raising mental health literacy in youth football coaches

1 **Abstract**

2 The purpose of the present study was to assess the influence of the Irish Football Association's
3 'Ahead of the Game' coach education training programme on mental health literacy of youth
4 football coaches in Northern Ireland, and to gain insights into coaches' own role perceptions
5 of providing Mental health support for athletes. A total of 105 coaches (90% male; 10% female,
6 $M_{age} = 37.84$, $SD = 8.81$, $M_{experience} = 9.53$, $SD = 6.59$) completed an online survey examining
7 mental health literacy and role perceptions of providing mental health support for athletes. A
8 total of 40% of the sample completed the 'Ahead of the Game' mental health literacy training
9 programme while 60% of the sample served as the comparison group. Results showed that
10 participants who had completed the training programme demonstrated significantly higher
11 mental health literacy in comparison to those who had not yet undertaken the programme. Thus,
12 the 'Ahead of the Game' programme may be useful for increasing mental health literacy. Youth
13 sport coaches are an accessible and trusted outlet as a first point of contact to provide initial
14 mental health support for athletes, thus advocating for the integration of mental health literacy
15 training as a key part of coach education.

16 *Keywords:* Mental health literacy; mental health awareness; coach education; athlete
17 mental health; youth sport.

1 **Assessing the Irish Football Association's "Ahead of the Game" coach education**
2 **training programme on raising mental health literacy in youth football coaches**

3 The World Health Organisation (2018) defines mental health as "a state of well-being
4 in which every individual realizes his or her own potential, can cope with the normal stresses
5 of life, can work productively and fruitfully, and is able to make a contribution to her or his
6 community" (p. 1). Mental health literacy is referred to as the "knowledge and beliefs about
7 mental health disorders which aid recognition, management, or prevention" (Jorm et al., 1997,
8 p. 182) and that "mental health literacy involves not only developing and using knowledge, but
9 also changing attitudes, overcoming stigma, and providing and taking opportunities to get help"
10 (Gorczyński et al., 2020, p. 715).

11 Youth athletes specifically are at risk of a number of additional stressors as a result of
12 participation in sport (Arnold & Fletcher, 2012; Giles et al., 2020). Separation from family and
13 the negative impact of injury are just some of the potential stressors (Evans et al., 1992). These
14 numerous unique stressors in combination with performance concerns have been linked to
15 emotional well-being/ill-being (Nixdorf et al., 2016). The sporting culture often frowns upon
16 signs of weakness and continually promotes toughness, thus resulting in youth athletes often
17 suffering in silence and many problems remaining undisclosed (Bauman, 2016; Trojian, 2016).

18 A substantial support network is thus required to provide an adequate level of service
19 to those experiencing mental health issues. This support is critical in a population that is not
20 always adept at seeking formal support and has some of the lowest rates of mental health
21 service use (Lawrence et al., 2015; Lawrence et al., 2016; Mojtabai et al., 2016). There is an
22 overwhelming demand currently placed on mental health services, including significant
23 referral times, and a lack of access to both counselling services and general practitioners. This
24 highlights the need to explore other potential individuals and/or groups within a community
25 context that may be positioned to offer initial triage and support. One such potential outlet are

1 youth sport coaches, who can provide a trusted first point of contact for provision of initial
2 support and guidance to youth athletes. The provision of additional mental health support and
3 signposting to professional mental health services could be vital if coaches possess the mental
4 health literacy to do so and view it as a key part of their coaching role (Duffy et al, 2019; Jorm,
5 2012). Coaches who demonstrate higher levels of mental health literacy are likely then more
6 willing to take on the initiative to provide support, and to attempt to reduce the stigma around
7 seeking support (Gorczyński et al., 2020), thus demonstrating the need for the current study.

8 Sport coaches continue to play a meaningful role in the lives of young people and
9 remain well placed to contribute to the support of athlete mental health. However, addressing
10 the mental health support role of sport coaches has had limited academic focus, and merits
11 further investigation (Duffy et al., 2019; Ferguson et al., 2019; Mazzer & Rickwood, 2015a).
12 The coach-athlete relationship is also key to the athlete well-being process (Davis & Jowett,
13 2014) and coaches are often able to foster a supportive environment in which participants feel
14 safe and where trust is paramount. This type of environment often leads to young people
15 becoming more comfortable in seeking mental health support (Mazzer et al., 2012).

16 Mental health is one of the key performance indicators of overall health and well-being.
17 Research highlights the importance of mental health and the subsequent impact on everyday
18 life (Vella et al., 2021). Northern Ireland as a region has demonstrated some of the highest
19 prevalence rates of mental health issues in the UK with statistics historically showing a 25%
20 higher prevalence rate when compared to England (Department of Health, Social Services, and
21 Public Safety, 2014; O'Neill & Rooney, 2018). The mental health issues in Northern Ireland
22 can often be attributed to inter-generational trauma (Austin, 2019; Downes et al., 2013) left
23 over from “the Troubles” period (1969–1998). This has left Northern Ireland a divided society
24 along religious, ethnic, social, and educational lines (Hassan & Ferguson, 2019). As such,
25 varying national identities exist in a complex cultural setting (Liston & Deighan, 2019).

1 Indeed, no demographic in society is immune from the impact of mental health issues,
2 and perhaps least of all, young people. Mental health issues and mental illness are a leading
3 health-related burden for those in the 10-24 age category (World Health Organisation, 2013),
4 and is particularly prevalent in Northern Ireland. The Northern Ireland Youth Wellbeing
5 Prevalence Survey (Health and Social Care Board, 2020) highlights many of the key mental
6 health issues currently being faced. One in eight youths (12.6%) meet the criteria of any mood
7 or anxiety disorder with rates similar for boys (12.0%) and girls (13.1%) with depression
8 accounting for an overall 5% of prevalence (Health and Social Care Board, 2020).

9 To date, depression has been the focus of a considerable proportion of the academic
10 literature addressing mental health literacy. This focus is as a result of the prevalence of
11 depression in society and the links between depression and suicide (Duffy et al., 2019;
12 Ferguson et al., 2019; Mazzer & Rickwood, 2015a) which is also prevalent in Northern Ireland
13 (O'Neill & O'Connor, 2020). Although this literature has provided some valuable knowledge
14 surrounding depression specifically, studies tend not to address the many other non-clinical
15 mental health issues currently faced in society which **are** an identified knowledge gap in the
16 literature (Duffy et al., 2019; Hawton et al., 2013).

17 Given the identified increased risk of mental health and well-being concerns in
18 Northern Ireland, the UK government's Department for the Communities (DFC, 2018) brought
19 together a strategic group of key partners to work towards the creation of Northern Ireland's
20 first Wellbeing in Sport Action Plan (DFC, 2018). The Action Plan built on a previous pilot
21 educational programme for clubs which offered guidance to sports clubs across Northern
22 Ireland related to mental health and wellbeing in sport. The Action Plan established a roadmap
23 for the sector and a framework for investment in mental health and wellbeing in sport. The
24 Action Plan encourages a partnership approach with sport governing bodies to make a
25 difference to the lives of those involved in sport in Northern Ireland.

1 The national sport governing body for association football in Northern Ireland is the
2 Irish Football Association. The Irish Football Association, like many other national sport
3 governing bodies, have attempted to address the issue of mental health literacy amongst
4 coaches with awareness campaigns such as the 'Ahead of the Game' programme (IFA, 2018).
5 This training programme aims to support coaches when dealing with mental health issues,
6 challenging the stigma around mental health, and promoting positive mental well-being.
7 Coaches often view mental health support as part of their role (role breadth) however, many do
8 not feel that they have the adequate mental health literacy to provide appropriate support (role
9 efficacy) and are concerned that they may unintentionally have a negative impact on their
10 athletes (Bissett et al., 2020). Therefore, it is essential that coaches have an adequate level of
11 mental health literacy to be in a position to be an appropriate potential initial contact to provide
12 mental health support for their athletes if needed (Jorm, 2012; Mason et al., 2015).

13 Thus, the purpose of the present study was to assess the influence of the Irish Football
14 Association's 'Ahead of the Game' coach education training programme on raising mental
15 health literacy of youth football coaches in Northern Ireland, and to gain insights into coaches'
16 own role perceptions of providing mental health support for athletes. Current levels of mental
17 health literacy and role perceptions around providing mental health support have yet to be
18 established within this population and provides a rationale for the direction of the current study.
19 The influence of the 'Ahead of the Game' programme in terms of raising mental health literacy
20 has not yet been assessed and garnering empirical evidence from those who have gone through
21 it would be useful to support its continued inclusion as part of coach education training
22 programmes going forward.

23 **Research Aims**

24 The overall aim of the current study is to assess the usefulness of the 'Ahead of the
25 Game' programme with regards to raising mental health literacy in youth sport coaches, to see

1 if there is evidence to support its continued use in coach education. The present study also has
2 three sub aims:

3 (1) To assess the general level of mental health literacy of youth football coaches in
4 Northern Ireland.

5 (2) To investigate the role perceptions of youth football coaches in Northern Ireland
6 around signposting/providing mental health support to athletes as part of their coaching role.

7 (3) To assess the influence of the mental health training 'Ahead of the Game'
8 programme by comparing the mental health literacy scores of those coaches who have
9 participated in programme initiative to those who have not yet completed the programme.

10 **Method**

11 **Study Design**

12 A quantitative, cross-sectional, non-equivalent control group, post-test only, quasi-
13 experimental research design was used (Krishnann, 2022; Reichardt, 2009). This design is
14 often used when participant randomisation and collecting pre-test data is not possible
15 (Krishnann, 2022). In this design, one group of participants have received an intervention and
16 one group has not, and the groups are compared on the outcome measures (Reichardt, 2009).
17 Participants were youth football coaches (aged 18+), currently working with youth athletes
18 aged 19 and under coaching within in an amateur setting in Northern Ireland as defined by the
19 Irish Football Association. Confirmation of participation in the 'Ahead of the Game'
20 programme was also ascertained. Participants were recruited by various social media channels,
21 regional organisations responsible for the administration of youth football, and by the **Irish**
22 **Football Association**. Ethical approval was obtained by the author's research ethics committee.
23 The Irish Football Association provided their endorsement for the study to be carried out. The
24 authors report that there are no competing interests to declare. Participants completed the
25 surveys online, designed in line with the checklist for reporting results of internet surveys

1 (Esyebach, 2004). Participation was voluntary, with informed consent obtained within the
2 survey package and participant responses anonymised.

3 **Overview and Background of the “Ahead of the Game” Programme**

4 The Irish Football Association introduced a dedicated mental health training
5 programme in 2018 known as ‘Ahead of the Game’ targeting football clubs across Northern
6 Ireland. This voluntary, non-compulsory programme is delivered to participants in one 90-
7 minute workshop session by trained facilitators. The programme builds on the Irish Football
8 Association’s ethos of using sport to address community issues—from the development of the
9 ‘Football for All’ campaign originally launched in 2000—to being central to the most recent
10 Irish Football Association’s strategy which pledges to become an exemplar governing body,
11 championing equity, diversity, and inclusion (IFA, 2022).

12 The ‘Ahead of the Game’ initiative was originally designed to target football clubs and
13 volunteers across Northern Ireland, offering guidance to support those dealing with mental
14 health issues by promoting positive mental health interventions. This was achieved through a
15 partnership with a range of mental health partners in sport including: Tackling Awareness of
16 Mental Health Issues (TAMHI), Inspire, Train 2B Smart Soccer, and Sports Chaplaincy UK.
17 The workshops are currently delivered by a trained tutor from TAMHI and a toolkit of
18 resources used to inform the delivery of workshops for clubs across Northern Ireland has been
19 developed. The primary objective of the programme was to normalize conversations around
20 mental health, raise awareness, and challenge the stigma, offering a catalyst for clubs to
21 establish their own unique strategies tackling contextual local community issues.

22 A 2022 consultation demonstrated the need to move beyond just helping football
23 volunteers and coaches to feel equipped to start a conversation about mental health. As such,
24 ‘Ahead of the Game’ workshops were developed discussing the difficulties that young people

1 aged 11-18 might face such as: (a) exam pressures/changing schools; (b) coping with grief; (c)
2 coping with anxiety; (d) body image; (e) bullying; (f) sleep; (g) gambling; and (h) nutrition.

3 The Irish Football Association also introduced 23 Mental Health Champions to
4 represent all aspects of football in Northern Ireland. These volunteers are now ready to assist
5 the tutors in the delivery of the workshops and raise awareness of the importance of good
6 mental health and wellbeing in football through their links to clubs and the local communities
7 across Northern Ireland. The majority of the mental health champions have had basic mental
8 health awareness training and many are mental health first aiders. More broadly, the Irish
9 Football Association in conjunction with their counterparts in England, Scotland, and Wales,
10 signed the Mentally Healthy Football Declaration commitment in June 2020 as recognition that
11 mental health is as important as physical health.

12 Each football association collectively agreed to the following (a) help create a mentally
13 healthy culture across the whole game; (b) make awareness-raising, training, education, and
14 guidance available to all clubs; (c) embed mental health within existing policies and practices;
15 and (d) support clubs and organisations to grow a mentally healthy culture through the
16 provision of guidance and resources and work together through a UK-wide mental health
17 implementation group for UK football (The Royal Foundation, 2022). Each of these
18 commitments are embedded within the existing work of the 'Ahead of the Game' programme.

19 **Participants**

20 A total of 105 coaches (90% male; 10% female) completed the online survey. The age
21 of participants ranged from 20-58 years ($M = 37.84$, $SD = 8.86$) with coaching experience
22 ranging from 1-36 years ($M = 9.53$, $SD = 6.59$). A total of 40% of the sample completed the
23 'Ahead of the Game' Mental health literacy training programme while 60% of the sample who
24 had not yet undertaken the programme served as the comparison group. Finally, 38% of
25 participants reported having personal experiences of mental health issues.

1 **Measures**

2 The online survey was divided into three sections. Section one contained the study
3 information, informed consent, and sociodemographic questions (age, gender, coaching
4 experience, participation in the training programme). Participants were fully anonymized and
5 cannot be identified. In line with existing studies (e.g., Svensson & Hansson, 2016; Duffy et
6 al., 2019) personal experience of a mental health issue was measured with a single yes/no item.

7 ***Mental Health Literacy.***

8 Section two contained a 35-item measure (Mental Health Literacy Scale (MHLS);
9 O'Connor & Casey, 2015) examining participants' mental health literacy. The MHLS is a scale
10 based, univariate measure of MHL, which is easily administered and scored and has
11 demonstrated good reliability and validity (O'Connor & Casey, 2015). The MHLS
12 demonstrated good internal consistency and test-retest reliability ($r(69) = .797, p < .001$).

13 ***Mental Health Role Perceptions.***

14 Section three contained a 15-item (5-items per behaviour) measure of participants' role
15 breadth and role efficacy of their engagement in mental health promotion, mental health
16 prevention, and mental health early intervention (Mazzer & Rickwood, 2013; Duffy et al.,
17 2019). All survey responses were provided on a 1-5 Likert-type scale ranging from 1 (strongly
18 disagree) to 5 (strongly agree) for consistency across the surveys. The subscales demonstrated
19 acceptable internal consistency and discriminant validity and has been examined in previous
20 studies (Mazzer & Rickwood, 2013; Mazzer & Rickwood, 2015b). The reliability of these
21 subscales in the Duffy et al. (2019) study ranged from adequate (promotion $\alpha = .64$) to good
22 (prevention $\alpha = .72$; early intervention $\alpha = .78$) respectively. The reliability of the three
23 subscales in the current study ranged from good (early intervention $\alpha = .86$) to excellent
24 (promotion $\alpha = .92$, prevention $\alpha = .91$).

25 **Procedure**

1 Following ethical approval from the authors' institutional research ethics committee,
2 informed consent was obtained online, and the survey was administered on Google forms. A
3 social media post inviting participants to take part included a hyperlink which directed
4 participants to the survey. This post was shared with a range of clubs responsible for the
5 administration of youth coaches. Due to GDPR restrictions, the Irish Football Association
6 publicised the survey with coaches who had taken the 'Ahead of the Game' programme.
7 Participation in the survey was voluntary and anonymous and they could withdraw at any point.
8 Inclusion in the study was based on obtaining informed consent and completion of the surveys.

9 **Data Analysis**

10 The data was downloaded from Google Forms into Microsoft Excel and then IBM SPSS
11 27.0 to carry out all statistical analyses. Initial data analysis calculated the means, standard
12 deviations, internal consistency reliability, bi-variate correlations, and distribution of data. The
13 main analysis assessed the influence of the programme through identifying any significant
14 differences between the mean mental health literacy scores of those who participated in the
15 'Ahead of The Game' programme versus those who had not yet undertaken the programme.
16 Gender and experience with mental health issues were also considered. Pearson correlations
17 and one-way ANOVAS's were conducted on the coach role perceptions around promotion,
18 prevention, and early intervention (role breadth and role efficacy) and mental health literacy.

19 **Results**

20 Descriptive statistics for each of the variables can be found in Table 1 and Table 2.
21 Bivariate correlations between each of the variables can be found in Table 3. The study
22 variables demonstrated significant small to moderate positive correlations across all subscales.

23 **Mental Health Literacy**

24 A mean mental health literacy score of $M = 148.31$ ($SD = 12.83$) was calculated (total
25 possible score of 175) for the entire sample with a higher score indicating a greater level of

1 mental health literacy. When comparing groups, those who had taken the “Ahead of the Game”
2 programme had significantly higher mean scores for mental health literacy compared to those
3 who had not yet taken the programme ($M = 154.76 > M = 144.29$ $\nabla = 10.50$, $p < .01$).

4 **Gender and Personal Experience of Mental Health Issues**

5 There were no significant differences between gender (Males = 147.88, Females =
6 152.00) for mental health literacy $F(1, 102) = 1.015$, $p = .316$, promotion $F(1, 102) = .316$, $p =$
7 $.58$, prevention $F(1, 102) = .21$, $p = .885$ and early intervention $F(1, 102) = .829$, $p = .365$.

8 There were also no significant differences between those who had experienced mental health
9 issues versus those who had not with the only exception being greater role breadth around
10 mental health promotion for those coaches who had experienced mental health issues.

11 **Role Perceptions**

12 All participants were shown to be engaged the most in mental health promotion,
13 followed by prevention, and then early intervention the least. Specifically, the participants’
14 mean scores for promotion general ($M = 4.44$), promotion role efficacy ($M = 4.34$), promotion
15 role breadth ($M = 4.39$), prevention general ($M = 4.10$), prevention role efficacy ($M = 4.08$)
16 and prevention role breadth ($M = 4.04$) are significantly higher than the same variables for
17 early intervention (early intervention general $M = 3.38$, early intervention role efficacy $M =$
18 3.70 , and early intervention role breadth $M = 3.40$, respectively). That is, participants engaged
19 more with mental health promotion behaviours and mental health prevention behaviours with
20 stronger role clarity and role breadth. However, coaches engaged the least with early
21 intervention behaviours, with lower role clarity and role breadth.

22 **Participation in the “Ahead of the Game” Programme**

23 Participants who had taken the ‘Ahead of the Game’ programme demonstrated
24 significantly higher levels of mental health literacy in comparison to those who had not yet
25 undertaken the programme $F(1, 100) = 19.451$, $p = .000$. Additionally, those who had taken

1 the 'Ahead of the Game' programme also had significantly increased perceptions of role
2 breadth for promotion of athlete mental health in comparison to those who had not yet
3 undertaken the programme $F(1, 102) = 5.165, p = .025$.

4 Participation in the 'Ahead of the Game' programme also produced significantly higher
5 scores for role perceptions around promotion role breadth $F(1, 102) = 5.17, p = .03$, general
6 prevention $F(1, 102) = 9.77, p = .00$, prevention role efficacy $F(1, 103) = 13.181, p = .00$,
7 prevention role breadth $F(1, 103) = 19.78, p = .00$, general early intervention $F(1, 103) = 7.54$,
8 $p = .01$, and early intervention role efficacy $F(1, 103) = 5.31, p = .03$ in comparison to those
9 who had not yet undertaken the programme.

10 Discussion

11 Mental Health Literacy

12 The present study found that youth football coaches in Northern Ireland currently
13 possess a good level of mental health literacy which would facilitate the provision of initial
14 athlete mental health support. Additionally, coaches who had taken the 'Ahead of the Game'
15 programme yielded significantly higher mental health literacy scores compared to coaches who
16 had not yet undertaken the programme. The reason for this difference needs to be fully explored
17 and the absence of a pre-test research design does not allow the current study to infer causality.
18 However, these findings provide some empirical support for the seemingly positive influence
19 of the programme on increased mental health literacy scores in youth football coaches exposed
20 to the programme and provides initial support for its continued use as part of coach education
21 as a mental health literacy training programme for youth football coaches. However, the use of
22 sports coaches in providing support should not be viewed as the panacea in terms of mental
23 health support. Sport coaches already take on a wide breadth of roles in the sport context and
24 face a number of additional stressors as a result (Olusoga et al., 2009). Such emotional labour
25 could also take a toll on coaches and impact their own wellbeing and detract from their ability

1 to flourish in their coaching roles. Clear and appropriate operating boundaries need to be
2 established and the additional of yet another responsibility being placed on the already
3 overloaded, often voluntary, sports coach needs to be adequately considered.

4 **Personal Experience of Mental Health Issues**

5 Personal experience of mental health issues made no significant difference to the
6 results. These findings currently differ with previous studies in which having personal
7 experience of mental health issues often resulted in a higher mental health literacy and greater
8 role perceptions scores. Possible reasoning for the relationship between personal experience of
9 mental health issues and increased mental health literacy to this point, has been attributed to a
10 better understanding of the issues being faced by the athlete and an empathy with those
11 requiring support (Duffy et al., 2019; Dahlberg et al., 2008; Mendenhall & Frauenholtz, 2015).
12 Although, possessing a high level of mental health literacy may not in isolation be adequate to
13 initiate promotion, prevention, and early intervention behaviours, mental health literacy is only
14 one factor which may influence engagement in supportive behaviours (Duffy et al., 2019).

15 Scores for early intervention behaviours were significantly lower than both promotion
16 and prevention. As a result, providing coaches with greater support and training in early
17 intervention processes, strategies, and techniques, may need greater emphasis within the coach
18 education programmes. This should ensure that coaches possess the role efficacy to provide an
19 effective avenue of support (Ferguson et al., 2019). Role efficacy is referred to as one's belief
20 in his/her capabilities to perform role responsibilities (Carron & Eys, 2012). Role efficacy takes
21 time to develop and builds with experience (Bray et al., 2002). Thus, as coaches become more
22 experienced addressing the mental wellbeing of athletes, their confidence in themselves doing
23 so will also likely improve. Nevertheless, caution should be taken not to overburden coaches
24 around providing early intervention behaviours if they are not ready. The full reasoning behind
25 the lower early intervention scores should be addressed in future research.

1 **Role Perceptions**

2 In terms of mental health support, participants reported being engaged the most in
3 mental health promotion, followed by prevention, and then early intervention the least, which
4 is consistent with the findings of Duffy et al. (2019). Research around role perceptions in sport
5 suggest that role clarity and role efficacy lead to greater role performance (Beauchamp et al.,
6 2002). Previous research has also indicated that appropriate training will also increase role
7 clarity, role performance, and role satisfaction in volunteer roles (Rogalsky et al., 2016). This
8 supports the importance of having appropriate coach education training workshops to equip
9 coaches (who are often volunteers) with the tools to be able to carry out their continuously
10 evolving coaching roles effectively. Likewise, role acceptance and role satisfaction of coaches
11 are also important considerations for them providing mental health support of athletes. Coaches
12 need to be active agents and willing participants in the process and should not be forced to but
13 can certainly refer onwards. Additional considerations such as the coach-athlete relationship
14 (Jowett & Ntoumanis, 2004) and communication of role parameters between coach and athlete
15 (Eys et al., 2005) around mental health support could also be addressed in future research.

16 **Participation in the “Ahead of the Game” Programme**

17 Coaches who had taken the Irish Football Association ‘Ahead of the Game’ programme
18 demonstrated a significantly higher level of mental health literacy, had increased perceptions
19 of their role breadth of promotion of mental health, demonstrated more prevention behaviours,
20 had greater role breadth of prevention, demonstrated greater role efficacy in prevention, and
21 provided more early intervention behaviours. Thus, present findings seem to support the
22 continued use and delivery of the programme for mental health literacy training as a key
23 component in the coach education training process, as historically, recruitment for those to
24 voluntarily undergo such mental health training has proven difficult (Hurley et al., 2018).

25 **Limitations and Future Directions**

1 There were some limitations in the current study to acknowledge. Although the use of
2 a “general” mental health literacy assessment tool provided a wider scope than previous
3 research, with the addition of subsequent scales addressing promotion, prevention, and early
4 intervention, it did create a survey which was challenging in its practicality. The development
5 of an assessment tool which addresses these key issues in a more concise manner would
6 enhance the participant experience and overall practicality of the measure (Giles et al., 2020).
7 There was also a potential for social desirability bias in responses which was not assessed.

8 Although no significant differences between gender were identified, it should be noted
9 the current study had a sample gender imbalance thus limiting the generalisability of the
10 findings. Future studies should seek to attempt to specifically sample female participants.

11 Results of the current study offers some quantitative, cross-sectional, quasi-
12 experimental, comparative evidence that the ‘Ahead of the Game’ programme yields greater
13 mental health literacy scores in coaches who have taken the program compared to those who
14 did not. However, with a lack of a pre-test measure, no direct causal links can be made, thus,
15 the use of a true experimental design to infer causality and to also reduce possible self-selection
16 bias, would be warranted in future research. In addition, the use of a qualitative approach,
17 addressing the motives and attitudes behind why coaches may have taken the program or not,
18 and what specific aspects of the programme coaches found most or least helpful would further
19 help tailor workshops. This approach may help to further develop a better understanding of the
20 thoughts, feelings, and concerns of the coaches providing mental health support.

21 To further advance the understanding of mental health literacy and mental health
22 support, future research should aim to measure coaches’ actual behaviours in practice and seek
23 the views of athletes on the receiving end of the support as to the extent that their coaches’
24 approach and behaviours are indeed supportive of their mental health (Mazzer & Rickwood,

1 2015a). This would provide a more in-depth picture of the mental health support in practice
2 and gain the views and preferences of athletes.

3 **Summary and Conclusion**

4 Youth football coaches are one potential community group (e.g., teachers) that could
5 provide initial and accessible mental health support as an alternative to the more conventional
6 outlets which may have more barriers (Souter et al., 2018). Results are promising that youth
7 football coaches in Northern Ireland do possess good levels of mental health literacy, as is
8 seemingly increased further through taking specific coach education training. The findings add
9 a degree of confidence to the view that youth football coaches are in a suitable position to
10 effectively engage in initial mental health support for athletes. However, coaches also have to
11 be willing and knowledgeable participants in undertaking this function which may also pose
12 challenges as coaches already 'wear many hats' in the sport context and face a number of
13 additional stressors and demands in their roles (Olusoga et al., 2009). Thus, it is also important
14 to highlight that sports coaches may not be the panacea to the issue of mental health support.

15 Despite the growing demands placed on a sport coach, coaches in the current study still
16 seemed to view this as an integral part of their coaching role. As the role of the sport coach
17 continues to evolve beyond the training ground, the supportive nature of many sporting
18 contexts, coupled with positive coach-athlete relationships, could foster an environment which
19 may provide an effective supportive avenue for athletes. Coach education around mental health
20 literacy can further enhance the coaches' ability to provide such support with confidence and
21 role efficacy, thus potentially improving the well-being of youth athletes. Findings suggest that
22 the 'Ahead of the Game' programme has had a significant positive influence on mental health
23 literacy and results support the recommendation for continued use of the programme to be
24 potentially embedded into future coach education training programmes.

25 **Disclosure of Interest.** The authors report no conflict of interest.

References

- 1
- 2 Austin, J. (2019). The "Ceasefire Babies": Intergenerational trauma and mental health in
3 post-conflict Northern Ireland. *Public Health Review*, 2(1).
- 4 Arnold, R., & Fletcher, D. (2012). A research synthesis and taxonomic classification of the
5 organizational stressors encountered by sport performers. *Journal of Sport and Exercise*
6 *Psychology*, 34(3), 397-429.
- 7 Bauman, N. J. (2016). The stigma of mental health in athletes: are mental toughness and
8 mental health seen as contradictory in elite sport? *British Journal of Sports Medicine*,
9 50(3), 135-136.
- 10 Beauchamp, M. R., Bray, S. R., Eys, M. A., & Carron, A. V. (2002). Role ambiguity, role
11 efficacy, and role performance: Multidimensional and mediational relationships
12 within interdependent sport teams. *Group Dynamics: Theory, Research, and*
13 *Practice*, 6(3), 229-242.
- 14 Bissett, J., Kroshus, E., & Hebard, S. (2020). Determining the role of sport coaches in
15 promoting athlete mental health: a narrative review and Delphi approach. *BMJ Open*
16 *Sport & Exercise Medicine*, 6(1), e000676.
- 17 Bray, S. R., Brawley, L. R., & Carron, A. V. (2002). Efficacy for interdependent role
18 functions: Evidence from the sport domain. *Small Group Research*, 33(6), 644-666.
- 19 Carron, A. V., & Eys, M. A. (2012). *Group Dynamics in Sport*. (4th ed). Fitness Information
20 Technology.
- 21 Dahlberg, K. M., Waern, M., & Runeson, B. (2008). Mental health literacy and attitudes in a
22 Swedish community sample – Investigating the role of personal experience of mental
23 health care. *BMC Public Health*, 8(1), 8.
- 24
- 25

- 1 Davis, L., & Jowett, S. (2014). Coach–athlete attachment and the quality of the coach–athlete
2 relationship: Implications for athlete’s well-being. *Journal of Sports Sciences*, 32(15),
3 1454-1464.
- 4 Downes, C., Harrison, E., Curran, D., & Kavanagh, M. (2013). The trauma still goes on...:
5 The multigenerational legacy of Northern Ireland’s conflict. *Clinical Child*
6 *Psychology and Psychiatry*, 18(4), 583-603.
- 7 Department of Health, Social Services and Public Safety. (2014). *Making Life Better: A*
8 *whole system strategic framework for public health 2013-2023*. Department of Health,
9 Social Services, and Public Safety: Belfast, Northern Ireland.
- 10 Department for the Communities. (2018). Wellbeing in Sport Action Plan.
11 <https://www.communitiesni.gov.uk/sites/default/files/publications/communities/wellb>
12 [eing-in-sport-action-plan-2018-2023.pdf](https://www.communitiesni.gov.uk/sites/default/files/publications/communities/wellb)
- 13 Duffy, J., Rooney, B., & Matthews, J. (2019). Coaches’ Mental Health Literacy and Role
14 Perceptions for Supporting Young People’s Mental Health, *Journal of Applied Sport*
15 *Psychology*, 33(1), 45-59.
- 16 Eys, M. A., Carron, A. V., Beauchamp, M. R., & Brays, S. R. (2005). Athletes’ perceptions
17 of the sources of role ambiguity. *Small Group Research*, 36(4), 383-403.
- 18 Evans, M., Weinberg, R., & Jackson, A. (1992). Psychological factors related to drug use in
19 college athletes. *The Sport Psychologist*, 6(1), 24-41.
- 20 Eysenbach, G. (2004). Improving the quality of web surveys: The checklist for reporting
21 results of internet e-surveys (CHERRIES). *Journal of Medical Internet Research*,
22 6(3), e34.
- 23 Ferguson, H. L., Swann, C., Liddle, S. K., & Vella, S. A. (2019). Investigating youth sports
24 coaches’ perceptions of their role in adolescent mental health. *Journal of Applied*
25 *Sport Psychology*, 31(2), 235-252.

- 1 Giles, S., Fletcher, D., Arnold, R., Ashfield, A., & Harrison, J. (2020). Measuring well-being
2 in sport performers: Where are we now and how do we progress? *Sports Medicine*,
3 *50*(7), 1255-1270.
- 4 Gorczynski, P., Gibson, K., Clarke, N., Mensah, T., & Summers, R. (2020). Examining
5 mental health literacy, help seeking behaviours, distress, and wellbeing in UK
6 coaches. *European Physical Education Review*, *26*(3), 713-726.
- 7 Hassan, D., & Ferguson, K. (2019). Still as divided as ever? Northern Ireland, football
8 and identity 20 years after the Good Friday Agreement. *Soccer & Society*, *20*(7-8),
9 1071-1083.
- 10 Hawton, K., Casanas, I., Comabella, C., Haw, C., & Saunders, K. (2013). Risk factors for
11 suicide in individuals with depression: a systematic review. *Journal of Affective*
12 *Disorders*, *147*(1-3), 17-28.
- 13 Health and Social Care Board. (2020). Youth Wellbeing Survey- The Mental Health of
14 Children and Parents in Northern Ireland. [http://www.hscboard.hscni.net/our-](http://www.hscboard.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/)
15 [work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/](http://www.hscboard.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/)
- 16 Hurley, D., Allen, M. S., Swann, C., Okely, A. D., & Vella, S. A. (2018). The development,
17 pilot, and process evaluation of a parent mental health literacy intervention through
18 community sports clubs. *Journal of Child and Family Studies*, *27*(7), 2149–2160.
- 19 Irish Football Association. (2018). “Ahead of The Game”.
20 <https://www.irishfa.com/media/29085/ahead-of-the-game.pdf>
- 21 Irish Football Association. (2022). A Roadmap for Change: The IFA Corporate Strategy
22 2022-2027. [https://www.irishfa.com/media/37518/a-roadmap-for-football-irish-fa-](https://www.irishfa.com/media/37518/a-roadmap-for-football-irish-fa-corporate-strategy-2022-2027.pdf)
23 [corporate-strategy-2022-2027.pdf](https://www.irishfa.com/media/37518/a-roadmap-for-football-irish-fa-corporate-strategy-2022-2027.pdf)
- 24 Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for
25 better mental health. *American Psychologist*, *67*(3), 231–243.

- 1 Jorm, A. F., Korten, A. E., & Jacomb, P. A. (1997). "Mental health literacy": a survey of the
2 public's ability to recognise mental disorders and their beliefs about the effectiveness
3 of treatment. *Medical Journal Australia*, *166*(4), 182-186.
- 4 Jowett, S., & Ntoumanis, N. (2004). The coach–athlete relationship questionnaire (CART-Q):
5 Development and initial validation. *Scandinavian Journal of Medicine & Science in*
6 *Sports*, *14*(4), 245-257.
- 7 Krishnan, P. (2022). A review of the non-equivalent control group post-test-only design.
8 *Nurse researcher*, *30*(3).
- 9 Lawrence, D., Hafekost, J., Johnson, S. E., Saw, S., Buckingham, W. J., Sawyer, M. G., &
10 Zubrick, S. R. (2016). Key findings from the second Australian child and adolescent
11 survey of mental health and wellbeing. *Australian & New Zealand Journal of*
12 *Psychiatry*, *50*(9), 876-886.
- 13 Lawrence, D., Johnson, S., Hafekost, J., Boterhoven de Haan, K., Sawyer, M., Ainley, J., &
14 Zubrick, S. R. (2015). *The mental health of children and adolescents: Report on the*
15 *second Australian Child and Adolescent Survey of Mental Health and Wellbeing*.
16 Canberra ACT: Department of Health.
- 17 Liston, K., & Deighan, M. (2019). Whose ‘wee country’?: identity politics and sport in
18 Northern Ireland. *Identities*, *26*(2), 203-221.
- 19 Mason, R. J., Hart, L. M., Rossetto, A., & Jorm, A. F. (2015). Quality and predictors of
20 adolescents' first aid intentions and actions towards a peer with a mental health
21 problem. *Psychiatry Research*, *228*(1), 31-38.
- 22 Mazzer, K. R., & Rickwood, D. J. (2013). Community-based roles promoting youth mental
23 health: Comparing the roles of teachers and coaches in promotion, prevention, and
24 early intervention. *International Journal of Mental Health Promotion*, *15*(1), 29-42.

- 1 Mazzer, K. R., & Rickwood, D. J. (2015a). Mental health in sport: coaches' views of their
2 role and efficacy in supporting young people's mental health, *International Journal of*
3 *Health Promotion and Education*, 53(2), 102-114.
- 4 Mazzer, K. R., & Rickwood, D. J. (2015b). Teachers' and coaches' role perceptions for
5 supporting young people's mental health: Multiple group path analyses. *Australian*
6 *Journal of Psychology*, 67(1), 10-19.
- 7 Mazzer, K. R., Rickwood, D. J., & Vanags, T. (2012). Teachers and sports coaches
8 supporting young people's mental health: Promotion, prevention, and early
9 intervention. *World Academy of Science, Engineering and Technology*, 66, 489-494.
- 10 Mendenhall, A. N., & Frauenholtz, S. (2015). Predictors of mental health literacy among
11 parents of youth diagnosed with mood disorders. *Child and Family Social Work*,
12 20(3), 300-309.
- 13 Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment
14 of depression in adolescents and young adults. *Pediatrics*, 138(6), e20161878.
- 15 Nixdorf, I., Frank, R., & Beckmann, J. (2016). Comparison of athletes' proneness to
16 depressive symptoms in individual and team sports: research on psychological
17 mediators in junior elite athletes. *Frontiers in Psychology*, 7, 893.
- 18 O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): a new scale-
19 based measure of mental health literacy. *Psychiatry Research*, 229(1-2), 511-516.
- 20 O'Neill, S., & O'Connor, R. C. (2020). Suicide in Northern Ireland: Epidemiology, risk
21 factors, and prevention. *The Lancet Psychiatry*, 7(6), 538-546.
- 22 O'Neill, S., & Rooney, N. (2018). Mental health in Northern Ireland: An urgent situation. *The*
23 *Lancet Psychiatry*, 5(12), 965-966.
- 24 Olusoga, P., Butt, J., Hays, K., & Maynard, I. (2009). Stress in elite sports coaching:
25 Identifying stressors. *Journal of Applied Sport Psychology*, 21(4), 442-459.

- 1 Reichardt, R. S. (2009). Quasi-Experimental Design. In R. E. Millsap, & A. Maydeu-Olivares
2 (Eds.), *The SAGE Handbook of Quantitative Methods in Psychology*. SAGE.
- 3 Rogalsky, K., Doherty, A., & Paradis, K. F. (2016). Understanding the sport event volunteer
4 experience: An investigation of role ambiguity and its correlates. *Journal of Sport*
5 *Management*, 30(4), 453-469.
- 6 Souter, G., Lewis, R., & Serrant, L. (2018). Men, mental health, and elite sport: A narrative
7 review. *Sports Medicine-Open*, 4(1), 1-8.
- 8 Svensson, B., & Hansson, L. (2016). How mental health literacy and experience of mental
9 illness relate to stigmatizing attitudes and social distance towards people with
10 depression or psychosis: A cross-sectional study. *Nordic Journal of Psychiatry*, 70(4),
11 309-313.
- 12 The Royal Foundation. (2022). The 2022 Mentally Healthy Football Declaration Report.
13 <https://royalfoundation.com/the-2022-mentally-healthy-football-declaration-report/>
- 14 Trojian, T. (2016). Depression is under-recognised in the sport setting: time for primary care
15 sports medicine to be proactive and screen widely for depression symptoms. *British*
16 *Journal of Sports Medicine*, 50, 137-139.
- 17 Vella, S. A., Swann, C., & Tamminen, K. A. (2021). Reflections on the field of mental health
18 in sport: critical issues and ways of moving forward. *Journal of Applied Sport*
19 *Psychology*, 33(1), 123-129.
- 20 World Health Organization. (2013). Mental health action plan 2013–2020.
21 https://www.who.int/mental_health/publications/action_plan/en/
- 22 World Health Organization. (2018). *International Classification of Diseases for mortality and*
23 *morbidity statistics (ICD-11)*.
- 24

Table 1

Sample Demographic Means and Standard Deviations

	Overall Group		Gender				Participation in Ahead of the Game		Non-participation in Ahead of the Game		Personal Experience of Mental Illness		No Personal Experience of Mental Illness	
	M	SD	Male		Female		M	SD	M	SD	M	SD	M	SD
Age	37.84	8.86	38.04	8.76	36.09	9.964	37.44	8.90	38.16	8.95	38.42	7.92	37.48	9.43
Mental Health Literacy-Total	148.31	12.83	147.88	12.99	152.00	11.14	154.76	11.09	144.29	12.28	147.90	13.53	148.57	12.47
Mental Health Literacy-Average	4.24	.37	4.23	.37	4.34	.32	4.42	.32	4.12	.35	4.23	.39	4.24	.36
Coaching Experience (Years)	9.53	6.59	10.03	6.58	5.27	5.12	10.00	6.89	9.22	6.61	9.53	6.74	9.54	8.00

Table 2

Descriptive Statistics: Means and Standard Deviations for Promotion, Prevention, and Early Intervention

	Overall Group		Gender				Participation in Ahead of the Game		Non-participation in Ahead of the Game		Personal Experience of Mental Illness		No Personal Experience of Mental Illness	
	M	SD	Male	Female	Male	Female	M	SD	M	SD	M	SD	M	SD
Promotion-General	4.43	.51	4.42	.51	4.51	.55	4.50	.46	4.38	.55	4.36	.54	4.47	.50
Promotion-Role Efficacy	4.34	.56	4.32	.57	4.44	.51	4.44	.52	4.30	.56	4.26	.57	4.39	.56
Promotion-Role Breadth	4.39	.55	4.39	.56	4.44	.54	4.55	.52	4.30	.56	4.26	.57	4.47	.53
Prevention-General	4.10	.72	4.09	.71	4.13	.85	4.36	.63	3.92	.74	4.06	.73	4.12	.72
Prevention-Role Efficacy	4.08	.71	4.07	.71	4.18	.72	4.38	.61	3.89	.71	4.02	.73	4.12	.70
Prevention-Role Breadth	4.04	.76	4.04	.76	4.02	.80	4.42	.57	3.80	.77	3.96	.78	4.09	.75
Early Intervention-General	3.39	1.00	3.42	.99	3.13	1.18	3.71	1.00	3.18	.97	3.25	1.10	3.48	.94
Early Intervention-Role Breadth	3.40	1.03	3.41	1.02	3.31	1.17	3.56	1.12	3.30	.96	3.62	.90	3.75	.81
Early Intervention-Role Efficacy	3.70	.843	3.70	.83	3.75	1.04	3.94	.86	3.55	.81	3.42	1.05	3.38	1.02

Table 3*Bivariate Correlations*

	1	2	3	4	5	6	7	8	9	10
1. Mental Health Literacy	-									
2. Promotion-General	.396**	-								
3. Promotion-Role Efficacy	.549**	.875**	-							
4. Promotion-Role Breadth	.613**	.727**	.807**	-						
5. Prevention-General	.425**	.723**	.691**	.636**	-					
6. Prevention-Role Efficacy	.579**	.637**	.771**	.660**	.778**	-				
7. Prevention-Role Breadth	.504**	.555**	.616**	.758**	.768**	.754**	-			
8. Early Intervention-General	.507**	.577**	.588**	.581**	.626**	.622**	.619**	-		
9. Early Intervention-Role Breadth	.573**	.594**	.693**	.621**	.644**	.767**	.666**	.800**	-	
10. Early Intervention-Role Efficacy	.173	.464**	.424**	.452**	.563**	.441**	.644**	.620**	.619**	-

** Correlation is significant at the 0.01 Level (2-tailed)