



Mental Health Experiences of National Rugby League (NRL) Athletes: A Phenomenological Study

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Abstract: This article explores the mental health lived experiences of fifty-five Australian National Rugby League (NRL) contracted top 30 players. It focuses on the risk and protective factors that impact on athletes' experiences of mental health, patterns of help-seeking behavior, prevalence of self-reported mental illness, and an evaluation of common supports available to athletes within high-performance systems. Through a phenomenological survey of quantitative and qualitative means, this study provided athletes with a platform to critically reflect and share their mental health experiences within the academic domain, making a unique contribution to the literature as one of the few studies giving voice to NRL athletes' own perceptions of the stressors and pressures of elite sport. Key findings emerging from the study highlight athletes' over-representation in self-reported mental illness (35% of participants self-reported living with a mental health issue), the encouragingly high help-seeking rates of those athletes (56% had sought support for their mental health issue; 78% indicated that they accessed support internally within their club; 22% had accessed support externally from their club), the need for culturally responsive well-being support practices, the impact of contract duration on the mental health experiences of athletes during the latter stages of their careers, and athletes' view of the relationship shared between well-being and performance.

Keywords: *Mental Health, Athlete Well-being, Rugby League, Phenomenology*

Introduction

Elite athletes experience an array of factors unique to their profession that place significant pressure on their mental health (Rice et al. 2016; Grey-Thompson 2017; Du Preez et al. 2017; Crust 2008; Golby and Sheard 2004; Macintyre et al. 2017). Research from a range of disciplines—including contributions from social work (Lane et al. 2020; Ravulo 2022); psychology: applied (Wylleman 2019), social (Rees et al. 2015), and organizational (Fletcher and Wagstaff 2009); business (Besharov and Smith 2014; Babiak and Wolfe 2009); exercise science (Gucciardi, Hanton, and Fleming 2017); and medicine (Reardon et al. 2019; Gouttebauge, Frings-Dresen, and Sluiter 2015)—have provided insight into athletes' over-representation in relation to certain mental health disorders (Rice et al. 2016; Du Preez et al. 2017), including the low rates of help-seeking common to athlete cohorts (Kola-Palmer et al. 2020; Gorczynski et al. 2020; Gulliver, Griffiths, and Christensen 2012); the complexities of balancing athlete-specific risk and protective factors (Sebbens et al. 2016; Bauman 2016; Kuettel and Larsen 2019); the vulnerabilities of athletes through retirement (Park, Lavalée,

and Tod 2013; Stambulova 2017); and the systemic issues preventing well-being support from being integrated into high-performance (HP) systems (Breslin et al. 2017).

In response to the unique stressors and pressures of HP sport, well-being supports have evolved to include a multi-disciplinary team of player development managers (PDMs), career coaches, sports psychologists, and a wide gamut of vocation and education programs that are designed to collectively support the personal development of elite-level athletes (Park, Lavalley, and Tod 2013; Petitpas et al. 1992). However, while considerable advances and investments have been made in establishing a professional body of well-being supports within HP environments, professional athletes' experiences of mental health are in need of further nuanced considerations to further evidence the effectiveness of current approaches and to innovate future intervention strategies (Hickey and Kelly 2008). This study responds to this need, through a phenomenological approach that provides valuable insight into the mental health lived experiences of professional athletes and their critical reflections on the state of elite sports current support systems. Participants were recruited from Australia's National Rugby League (NRL),¹ with a representative sample size of fifty-five. Data was collected through an online survey of qualitative and quantitative means, composed by open-ended and Likert scale questioning, which was then analyzed and validated by a detailed thematic analysis process (O'Leary 2004).

Background to Research

Academic research and subsequent writing exploring the mental health of elite athletes is varied across a myriad of sporting codes and countries. The NRL, as the site of investigation for this study, is a relatively underexplored context by comparison to other national sporting competitions, and as such is a highly significant research area. For these reasons, the authors of this article—two academics with sport-specific research backgrounds and an elite athlete well-being practitioner from within the NRL (with over ten years' experience as a competing NRL athlete)—collaborated to address this sparsity of research and to continue to inform best-practice responses from the field.

Defining Mental Health in an Australian Sport-Specific Context

Over recent decades, “well-being”—a term used to capture the many facets and dimensions of health—has attracted great interest from the elite sporting sector and the array of disciplinary groups working within it (Campbell, Brady, and Tincknell-Smith 2022). Its move

¹ The NRL is the highest division of professional rugby league in Australia and New Zealand and consists of sixteen teams: nine from the Greater Sydney area, one from regional New South Wales, three from Queensland, and one each from Victoria, the Australian Capital Territory, and New Zealand. The league's annual competition consists of twenty-five rounds and a finals series, with no relegation or promotion. Second only to the Australian Football League (AFL) in terms of viewership and revenue in Australia, the NRL reported approximations of 100 million viewers and \$400 million (AUD) of revenue in 2021 (NRL 2022).

into the elite sports sector reflects the growing cultural capital of well-being across a range of sectors in society, including government, education, medicine, and business, and now, sport. Campbell, Brady, and Tincknell-Smith (2022) believe that the cultural phenomenon of well-being has occurred largely out of the growing recognition that well-being is valuable not only to our health but in achieving greater productivity, performance, resilience, lower levels of burnout, and co-operation—all qualities highly valued within HP systems.

For the NRL (2018), well-being is understood within a eudaemonic approach, which is defined by Niemiec (2014, 2004) as a “complex, multi-faceted construct that can be defined as optimal human experience and psychological functioning and that involves subjective experiences and objective conditions indicative of physical, psychological, and social wellness.” In its own words, the NRL (2018, 2) defines well-being thus:

Living a good life by living in a manner consistent with one’s “true self” or to one’s personal integrity through identifying one’s potential strengths/limitations and choosing those goals that provide meaning and purpose in life. Happiness is a by-product of activities that reflect one’s true self.

For the NRL, mental health is regarded as a vital component of holistic well-being. They follow the definition of mental health provided by the World Health Organization (WHO) (2022) as “a state of wellbeing 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”; and understand a mental health issue as a “clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior [that] is usually associated with distress or impairment in important areas of functioning.” To remain consistent with the NRL’s understanding of mental health and mental health issues, these definitions are reflected in our interpretation of these terms and been applied throughout this article.

Prevalence of Mental Illness among Elite Athletes

Research into the prevalence of mental illness among elite athletes has continued to expand rapidly over the past decade. Important articles such as Rice et al. (2016), Gulliver, Griffiths, and Christensen (2012), Du Preez et al. (2017), Gouttebauge et al. (2017), and Nicholls et al. (2020) have all generated significant attention and recognition for the unique pressures, risk factors, and over-representation of mental illness among this demographic. Kuettel and Larsen’s (2019) review of literature relating to the risk and protective factors for elite athletes’ mental health provides an extensive overview of sport-specific factors relevant to the athlete experience. Their article, divided into “personal” (e.g., positive relationships) and “sport-environment” (e.g., culture of trust and access to professional supports) factors, reviews eighty-two studies relating to athlete experiences of well-being. Figure 1 displays the leading risk and protective factors identified by Kuettel and Larsen’s (2019) scoping review:

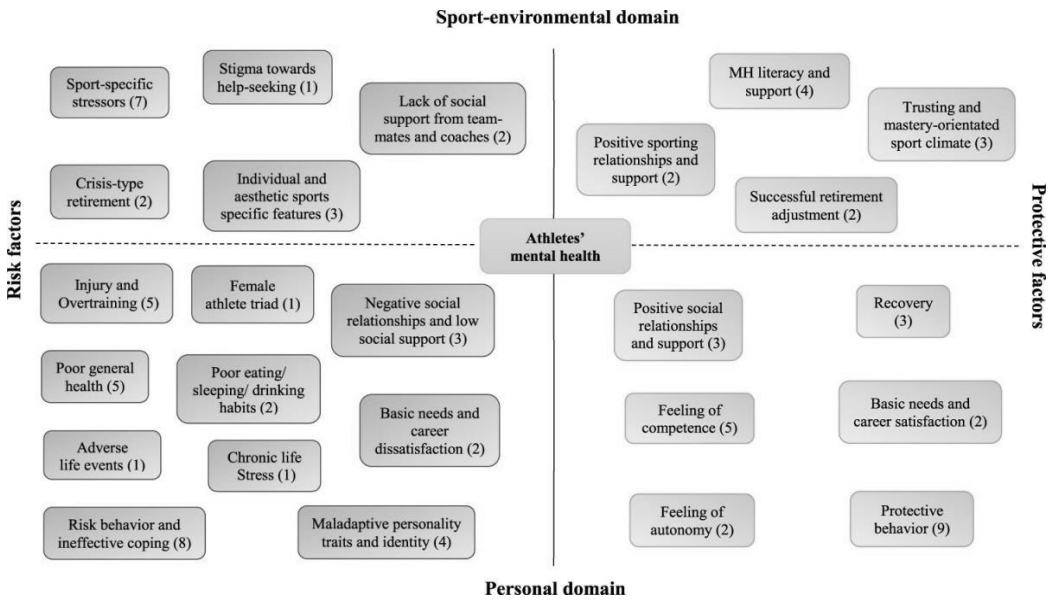


Figure 1: Conceptual Map of Protective and Risk Factors Related to Elite Athletes' Mental Health²

While Kuettel and Larsen's (2019) literature review provides a useful overview of risk and protective factors impacting on athletes' experience of well-being, the prevalence rates of mental illness vary quite significantly across studies depending on sporting code and social context (among other variables). Despite this, many articles have offered important insights into the athlete experience, such as Gouttebauge et al.'s (2019) systemic review and meta-analysis of anxiety and depression among elite athletes, which found that 34 percent of athletes present symptoms indicative of a mental disorder; Du Preez et al. (2017), who provide an Australasian comparison, where after their 2015 cross-sectional epidemiological study of all 404 first-grade NRL players found higher rates of generalized anxiety disorder (10.1%–14.6%) and significantly higher rates of alcohol misuse (62.8%–68.6%) than the general population; Nicholls et al. (2020), who similarly found that among top-division rugby league players in the United Kingdom's Super League, athletes were also over-represented in symptomatic cases of depression and anxiety; and Gulliver et al. (2015), whose survey of 244 athletes from the Australian Institute of Sport (AIS) showed 46 percent of athletes self-reported symptoms of at least one mental health disorder. Considered against the Australian Bureau of Statistics (ABS 2007) National Survey of Mental Health and Wellbeing (considered the most comprehensive estimate on the overall prevalence of mental illness in Australia), which estimates 45 percent of Australians will experience a mental illness at some point in

² Quantitative figures correspond to the number of articles coded to each theme.

their life and 20 percent will experience a mental illness in the twelve months prior to data collection, it is reasonable to suspect that elite-level athletes are at greater risk of experiencing a mental health issue than the general public.

Despite the high prevalence rates of mental illness among elite athletes, there is a strong base of evidence indicating concerningly low help-seeking rates for this demographic (Jorm et al. 2017; Gulliver, Griffiths, and Christensen 2012; Castaldelli-Maia et al. 2019; Gulliver, Griffiths, and Christensen 2012). Kola-Palmer et al. (2020), as part of their investigation into the help-seeking behaviors of professional rugby league players in the United Kingdom, identified a number of significant barriers, including a lack of knowledge and awareness of mental health difficulties (i.e., low mental health literacy), perceived stigma, negative past experiences of help-seeking (Gulliver, Griffiths, and Christensen 2012; Castaldelli-Maia et al. 2019), and more negative attitudes toward help-seeking (Purcell, Gwyther, and Rice 2019). Furthermore, according to Castaldelli-Maia et al. (2019), cultural factors such as the lack of acceptance of women as athletes, lower acceptability of mental health symptoms and disorders among non-White athletes, non-disclosure of religious beliefs, and higher dependence on economic benefits were all common but unique contributing factors within the elite athlete experience. Conversely, among the protective factors highlighted by Kuettel and Larsen (2019) were a sense of autonomy, positive interactions both within and outside the sporting environment, and sufficient recovery time beyond injury or stress incident. They drew a conclusion that mental well-being needs to be “a core component of a culture of excellence” (Kuettel and Larsen 2019, 256). Lane et al. (2020) concur with this view, arguing that the multidimensional needs of professional athletes require a balance of health and well-being factors with a focus on performance and sporting organizations’ community/commercial responsibilities. They saw, among other factors, that ongoing education could be an empowering factor for achieving this balance.

Methodology

Our research is an exploration into the mental health lived experiences of first-grade professional athletes from Australia’s NRL. Through an anonymous survey of qualitative and quantitative measures, we collected data from fifty-five current professional athletes during the 2019 NRL season. Through a phenomenological approach to research that has not been applied to this group before, our approach recognizes that the limited research preceding our work has sparsely explored the subjective lived experiences of athletes. By addressing this gap, we believe that our research allows for athletes’ voices to represent their own experiences more clearly, where in doing so, we subscribe to O’Leary’s (2004, 10) view that “findings formed from personal lived experiences are the foundations for factual knowledge.”

Theoretical Position

Phenomenology is an epistemological position that validates the lived experiences of research participants as the foundations of factual knowledge (Heidegger 1962; O’Leary 2004; Savin-Baden and Major 2013). It generates valuable insights into a studied population through the legitimization of participants’ conscious lived experience (O’Leary 2004). In its application to this research project, phenomenology serves as a philosophy of collaboration, whereby researchers recognize their inability to understand the unique positionality of their participants and, instead, provide the studied population with a platform to share opinions, attitudes, beliefs, and behaviors, as well as the ideas, ideologies, and constructs that are central to their experience. In this vein, the research project was developed in consultation with NRL athletes, PDMs, and Athlete Wellbeing & Education (AW&E) Managers. For the purposes of accessibility and privacy, a survey of qualitative and quantitative means was developed.

Data Collection Methods

Our survey used a complementarity of qualitative and quantitative methods (Creswell and Plano Clark 2017), in accordance with Padgett (2008), who identified that there are three justifications for collecting multiple types of data: first, to triangulate data and enable what Morse (1991) categorizes as comparisons for corroboration; second, to enhance or clarify complementary data types, as “qualitative and quantitative sub-studies represent different pieces of the puzzle” (Padgett 2008, 222); and third, for expansion, in regard to which Greene, Caracelli, and Graham (1989) elaborate that a broader theoretical understanding can come from juxtaposing two perspectives. In its application to this research project, quantitative measures (multiple-choice, Likert scales, and ranked questions) were used to identify trends and consistencies between athlete experiences, while qualitative measures (open-ended questions) were used to give further insight into those trends—for example, using quantitative measures to measure the rates at which athletes access the supports available to them within the high-performance context and using qualitative measures to investigate the factors that either empower or inhibit athletes from engaging with those support systems.

The survey was hosted through the Qualtrics online platform and distributed via a member of the Rugby Leagues Players Association (RLPA). The inclusion criteria required only that the participants be current first-grade NRL contracted top 30 players. In total there were fifty-five anonymous responses, with 87 percent completing the survey in its entirety (partial completion was also added to the data set). Consent was obtained through opting in via the completion of the survey, anonymity was protected, and support networks were established in case of participant distress, with referral numbers and information sites both internal and external to the NRL provided. Ethics approval was sought and granted by the [authorship redacted] internal human research ethics committee. At the time of study, [authorship redacted] was professionally associated with both the [institution redacted] and [institution redacted]. [authorship redacted], a former professional NRL athlete and current

PDM, is a graduate of the [institution redacted]. [authorship redacted] is the Academic Programs Advisor of Social Work at [institution redacted].

Survey Design

Survey questions were developed based on:

1. Consultation with NRL athletes, PDMs, and AW&E Managers; and
2. What is currently significant within the literature relating to athlete well-being.

Example: The following questions, taken from the survey provided to athletes, were designed to match what supports are currently available within the NRL and to explore how these supports could be further developed to improve mental health outcomes for athletes. Results were then measured and analyzed against the literature to frame findings.

Q12. What three current supports do you find most beneficial to your mental health?

- Formal counseling
- Access to player development manager
- Information and workshops on mental health
- Family support
- Cultural engagement
- Religious engagement
- Financial planning advice
- Gambling education
- Sexual ethics
- Team bonding (organized social activities)
- Other:

Q13. How do you feel your club could improve to better support your mental health?

Overall, our survey explored the following factors in relation to athlete mental health: family pressures, contact length and security/insecurity, experiences of mental health difficulty, help-seeking behaviors, treatments accessed, relationships between well-being and performance, unique pressures of elite sport, internal and external support preferences, strategies for whole of game improvement, and limited demographic details including cultural background and number of first-grade games played.

Data Analysis

Thematic analysis is one of the most common forms of qualitative data analysis. Based on the exercise of synchronized summarizing, coding, and conceptualizing, it is an ideal approach to analysis in projects containing qualitative data, given its capacity to condense large amounts of information into concise themes (Walter 2013; O’Leary 2004). In its application

to this project, thematic analysis was used to process the qualitative data produced through open-ended questions. Consistent with O’Leary’s (2004) guide to coding, our process began with data reduction, whereby the researcher is tasked with identifying key themes and elements to reduce the quantity of data into its essential properties through coding. Coding is the process of indexing data into retrievable concepts based on the researcher’s interpretation of meaning found within participant responses. First-order coding is conducted by labeling and categorizing information with descriptive language, before it is processed through second-cycle coding, which as O’Leary (2004) explains, refines abstracted concepts into theoretical displays. Miles and Huberman (1994) explain its impact as condensing large amounts of data into a smaller number of analytic units and filling a cognitive map of ideas. Consider the following question:

Q4. Do you feel that family expectation to succeed adds pressure to your mental health?

- A great deal
- A lot
- A moderate amount
- A little
- None at al

Q5. Please explain your response:

In response to Q4, athletes responded with a mean score of 3.83, representing “a moderate amount.” However, following the thematic analysis of Q5 qualitative data, family and culture emerged as two critical factors within this discussion. We then returned to the original Likert scale question and filtered results by a cluster sample of Pasifika athletes, finding a mean score of 2.91, representing “a lot.” In doing so, we avoided screening results at their surface level and were able to synthesize quantitative with qualitative data to strengthen the focus and detail of our analysis. As is exemplified in regard to Q4 and Q5, all survey data was handled in grouped data sets, based on the research interests of each question. As noted, focus areas included family pressures, contact length and security/insecurity, experiences of mental health difficulty, help-seeking behaviors, treatments accessed, relationships between well-being and performance, unique pressures of elite sport, internal and external support preferences and strategies for whole of game improvement, and limited demographic details, including cultural background and number of first-grade games played.

Results

Our research contributes to literature exploring elite athletes’ mental health experiences. Using a simple survey, this research project and article should be regarded as a scoping study to inform future research in this space. We hope our research has provided athletes with a platform to voice their experiences within the academic domain and encourage other academics to

approach their research with a similar philosophy. The following key findings highlight the project's novelty, before exploring the nuances of our data in the “discussion” section.

Summary of Key Findings

The first key finding emerging from this study was that 35 percent of participants self-reported living with a mental health issue—a figure that over-represents athletes, given that approximately just 20 percent of Australians are living with a mental illness (ABS 2007). More positively however, of those who self-reported to be living with a mental health issue, 56 percent indicated that they had sought professional support in relation to those issues—a significant improvement over the general public's help-seeking rates, where only 37.0 percent of men with a mental illness reported seeking adequate help in relation to mental health (ABS, n.d.). Furthermore, of the 56 percent of athletes who had sought support for their mental health issue, 78 percent indicated that they accessed support internally within their club, while the remaining 22 percent had sought support externally from their sporting organizations. This too is significant, in that it reflects the trust that athletes have in the psychosocial support systems available to them within NRL clubs.

The second key finding emerging from this study relates to risk and protective factors. Risk factors, in particular, family expectation and the duration of contracts, were the most frequently cited and most significant pressures experienced by our research participants. For athletes identifying as Pasifika, family expectation was reported at a higher rate, with 82.61 percent of Pasifika athletes citing family expectation compared to 69.57 percent of the rest of the sample. Regarding protective factors, team bonding (23.44%), family engagement (19.53%), and access to a PDM (18.75%) were cited as the most valuable supportive resources. Again, cultural background emerged as an important consideration in this regard, with 100 percent of Indigenous Australians recognizing family engagement as the most significant support relating to their experience of mental health. This finding, much like the previous statistic relating to Pasifika risk factors, reflects important cultural considerations relating to well-being (explored further in the “discussion” section of this article).

Other notable considerations included athletes' perception of the impact of well-being on performance, with a mean score of 8.2 out of 10 recorded in response to a Likert scale exploring that relationship (where zero represents “none at all” and ten “a significant impact”). Lastly, stronger family engagement, the need for more effective communication between PDMs and HP units, and education in life skills, were the three most suggested areas for improved well-being support. The following quotes give insight into these views:

Family engagement:

- Finding ways to include family in and around the team/club.
- More family involvement among the club, having family days to bring everyone together.

The need for clearer and more frequent communication:

- More clear communication from the football department and well-being manager.
- Well-being and football staff need to keep talking to players on a daily basis.

Education in life skills:

- Better education on financial planning and planning for life after football.
- Raising greater awareness of mental health.

Discussion

This research project makes a significant and unique contribution to the sparsely investigated field of mental health in the NRL. Central to this point, was the prevalence of self-reported mental health issues of NRL athletes, whereby 35 percent of the sample revealed having had an experience of this sort. Given that Du Preez et al.'s (2017) cross-sectional epidemiological study of all 404 first-grade NRL players found between 10.1 percent and 14.6 percent to have had experienced generalized anxiety disorder and 62.8 percent to 68.6 percent showed signs of alcohol misuse, this study reiterates the unique vulnerabilities of elite athletes and their over-representation of mental illness. The following quotes give some insight into athletes' experience and perception of these concerns:

We experience negative and positive situations as NRL players but the situations are more extreme than a normal persons day-to-day experience because we are in the spotlight—it brings attention with it, which affects mental health.

There's a lot more pressure on us than in other jobs and the average person doesn't see the sort of pressure that we're under.

Encouragingly, however, the help-seeking rates of NRL players participating in this study showed that among those who had self-reported a mental health issue, 56 percent had sought support, with 78 percent accessing support from within their sporting organizations. As noted, this is a marked improvement on the general public's help-seeking rates, where only 25.2 percent of men are considered to seek adequate help in relation to mental illness (ABS 2007). Such feedback reflects well on the NRL's well-being support systems and the protective psychosocial resources present within HP environments, in particular, the support of PDM. Employed within every NRL club, PDMs are a full-time well-being and education support engaged in athletes issues (personalized support, family relocation, facilitating life balance, etc.), support processes (referrals to mental health professionals, financial guidance, etc.), advocacy (internally and externally on behalf of athletes' needs and wishes), and stages of support (enrolling in education and vocational training programs, pre-retirement planning, career transition guidance, etc.; Stansen and Chambers 2019). Described by an interview participant in Stansen and Chambers (2019, 157), PDMs were defined as a "career

counsellor...a life coach, they are a friend, they are a listener, a problem-solver.” However, for the minority of athletes who did not seek help in relation to a mental health issue, negative stigma and a lack of mental health literacy were two of the most frequently cited inhibiting factors. The following quotes give some insight into these factors:

I wasn’t sure I had a problem, I felt it was just a dip in form and a part of the game.

I was hesitant to reach out.

These statements reflect the ways in which negative stigma and a lack of mental health literacy had impacted on the athlete’s capacity to self-identify and respond to mental health concerns. According to the systemic review conducted by Castaldelli-Maia et al. (2019), stigma and low mental health literacy were identified as two of the most significant barriers preventing athletes from seeking support for mental health and other well-being-related concerns. The AISs’ Athlete Wellbeing & Engagement Review (2020) reinforces these concerns, highlighting the culture of HP sport and the pressures on athletes to live up to, and perpetuate, falsely negative stereotypes and prejudices about mental health help-seeking as a key target area.

Another compelling aspect of this study was that 76.09 percent of Pasifika players surveyed indicated that “family expectation” had a significant impact on their mental health. Marsters and Tiatia-Seath (2019), who conducted a study on Pacific Rugby Mental Wellbeing, indicated that for Pasifika male athletes, additional stressors exist relating to familial responsibilities. For Keung (2018), this is because the concept of “family” is regarded as a central pillar of well-being for Pasifika peoples, which extends beyond the Eurocentric definition to include the connected elements of mind, body, and spirit shared between peoples. Asked what makes the biggest difference to an athlete’s well-being, responses from Pasifika athletes involved in this study reflect the significant value placed on family and community:

It’s just being able to provide for family and just keeping the family happy. Making them proud.

I would probably say being able to help, to help family and others. But only when you’re at the top of your game because it’s hard to help someone when you’re struggling yourself.

In these statements, the significance of family and community for Pasifika athletes is reiterated, which, given that 45 percent of athletes identify as Pasifika, should be of critical consideration for the NRL. Moreover, in addition to the existing Independent Pasifika council, the “Pasifika Strategy,” and the “Pacific Outreach Program,” Keung (2018) suggests that more can be done to support Pasifika athletes with culturally responsive well-being practices that value relationships, trust, and energy from a collectivist perspective.

Contract duration emerged as another key determinant for athlete experiences of well-being. Our study, which included athletes from a range of career stages, showed that athletes in the latter stages of their careers perceived significantly greater mental health pressures in relation to contract duration than those at earlier stages. Table 1 represents the linkage between the number of games played and the perceived impact of contract duration on mental health over a ten-point Likert scale:

Table 1: Linkage between Number of Games Played and the Perceived Impact of Contract Duration on Mental Health

<i>Number of Games Played</i>	<i>Perceived Impact of Contract Duration on Mental Health</i>
0–50	5
51–100	4.4
101–150	5.75
151+	7.88

Table 1 demonstrates the connection between athletes at later stages of their careers with what Park, Lavallee, and Tod (2013, 32) refer to as the “psychological, emotional, social and physical consequences of athletes’ retirement from sport.” As their systematic literature review states, one in five athletes will experience significant distress in the years leading up to, and following, their retirement from sport. According to Park, Lavallee, and Tod (2013), that distress is strongly linked to an athlete’s loss of identity at the conclusion of their athletic careers, in addition to the considerable personal, relational, developmental, situational, environmental, and social adaptations that occur during their transition (Lotysz and Short 2004; Lally 2007). As Lane et al. (2020) had also previously found, our data indicates that athletes moving toward the end of their playing careers are likely to experience greater anxieties in relation to contract duration than those in earlier stages of their playing careers. As Park, Tod, and Lavallee (2012, 444) suggest, “a planned retirement helps athletes to head in the right direction during the career transition process and provide feelings of control over the situation,” and as such, it is therefore critical that elite sporting organizations provide both proactive (early intervention and prevention approaches) and reactive (support post-transition) interventions to ensure that athletes transition out of their professional sporting careers safely, while remaining vigilant to the internal and external factors that contribute to the quality of that transition.³

³ These include athletic identity, demographic issues, voluntariness of decision, injuries/health problems, career, personal development, sport career achievement, educational status, financial status, self-perception, control of life, disengagement/dropout, time passed after retirement, relationship with coach, life changes, and balance of life while competing (see Park, Lavallee, and Tod 2013).

Finally, an overwhelming 82 percent of participants agreed with the view that well-being and performance share an inextricably linked relationship. While our results present anecdotally, the seminal report produced by Lavalley (2019) has provided evidence for this view, where their longitudinal analysis of all 632 NRL athletes across the 2014, 2015, and 2016 seasons demonstrated the positive link between pre-retirement planning and measures of team selection, team tenure, and career tenure. Given the crucial role that all members of the HP system have within the psychosocial network of athletes, it is important that positive discourses of well-being are broadly accepted within these environments.

Limitations

This research project serves as a scoping study into the mental health experiences of NRL contracted players and provides a valuable overview of risk, protective, and help-seeking factors. Future research might consider building on this project with a stronger phenomenological approach using semi-structured interviews, as doing so would allow for a more comprehensive exploration into relevant contextual factors. Additionally, future research using the survey model might consider a larger sample size, as one limitation of this study was the small sample size (55/480 or 11.46%). Linked to this, increased representation of Indigenous Australian and Pasifika would bring the participant rate further in line with the NRL's cultural demographic. In addition to increasing the sample size, future studies interested in exploring culture and its relevance to well-being could improve on this study by incorporating more culturally responsive research practices. Lastly, because recruitment into this study was conducted on a voluntary basis, it is important to recognize that data may be biased by athletes with an interest and/or experience of mental health and that, as such, may have led to the over-representation of athletes self-reporting a mental health issue and subsequent help-seeking behaviors.

Conclusion

This research project has explored the mental health experiences of current NRL athletes and the mitigating factors underpinning the high prevalence of self-reported mental health issues, in particular, the pressures associated with family expectations and contract duration. As an emerging space of inquiry highlighted by both the Duty of Care in Sport (Grey-Thompson 2017) and the AIS' AW&E (2020) reviews, understanding athletes' experience of well-being and the supports provided to them, from an ecological perspective, is necessary in order to fully appreciate the systemic influences that such a diverse set of interests and stakeholders have on elite sporting organizations' ability to achieve a "fully realized wellbeing culture" (Campbell, Brady, and Tincknell-Smith 2022, 6). As this research project shows, this is particularly critical given the significant protective qualities of athletes' psychosocial support network within the HP environment.

Informed Consent

The author has obtained informed consent from all participants.

Conflict of Interest

The author declares that there is no conflict of interest.

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