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Youth sport as a context for supporting mental health: Adolescent male perspectives

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ABSTRACT

Objectives: The prevalence of mental health problems among adolescents is alarmingly high. With lower rates of accessing services than young women, young men and boys represent a group at high risk of developing mental health problems. Organised sport represents one important, but under-studied, avenue for supporting mental health. This study aimed to explore adolescent males' perspectives on sport as a context for supporting mental health.
Design: Interpretivist qualitative design.
Method: Participants were 55 adolescent males aged 12–17 years (M = 14.73; SD = 1.67) who were currently participating in organised basketball, soccer, Australian Rules Football, swimming, cricket, or tennis. Sixteen focus groups were conducted which lasted, on average, 48 min (SD = 9.25). Data were analysed inductively and thematically, with strategies employed to enhance rigour and trustworthiness.
Results: Findings indicated that these adolescent males perceived sport to be an engaging vehicle for supporting mental health, particularly in teams, and through interest in elite athletes' mental health. They considered coaches and parents/family to be key support individuals. In addition, these adolescents expressed a need to know how to help individuals close to them who may be struggling with a mental health issue. Finally, the participants perceived the need for resources to prevent and cope with mental health issues.
Conclusion: This study suggests that sport is a promising, and potentially engaging avenue for supporting mental health. Adolescents perceive need for clubs, parents, and coaches to develop knowledge around mental health, and in particular, desire strategies for providing help.

The WHO defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (2004, p.10). Such an emphasis on functionality necessitates the consideration of the presence (or absence) of both a state of wellbeing and mental health problems (Keyes, 2002). The prevalence of mental health problems among young people and adolescents are high, for example, in Australia 14% of all children and adolescents have a current mental health problem (Lawrence et al., 2015). Childhood psychological disorders persist through adolescence (Gonzalez, Alegria, & Prihoda, 2005) and are recognised as one of the most prominent contributors to the global burden of disease among young people (Patel, Flisher, Hetrick, & McGorry, 2007). Furthermore, half of all psychological disorders have their onset before the age of 14 years (Kessler et al., 2007). When experienced during adolescence, mental health problems can have a long-term impact because they reduce the likelihood of completing school, gaining employment, and engaging as a productive member of society, with significant costs to quality-of-life (Kieling et al., 2011).

Young men and boys represent the group at highest risk of mental health problems and suicide in one third of developed countries (World Health Organisation [WHO], 2014). For example, in Australia adolescent males are more likely to have experienced mental health issues than adolescent girls (15.9% compared to 12.8%; Lawrence et al., 2015). Adolescent males also have lower rates of help-seeking than girls (Gonzalez et al., 2005) and are less likely to have sought help from professional services (Lawrence et al., 2015). Adolescent males also maintain higher levels of stigmatising attitudes regarding mental health problems (Lawrence et al., 2015). Relatively high rates of mental health problems, reduced help-seeking intentions and higher stigmatising

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attitudes make boys and young men particularly vulnerable, and therefore more in need of interventions that make promotion of mental health a priority.

1. Mental health models

As mental health is more than the absence of mental illness (Keyes, 2002), "traditional public mental health interventions that are effective in alleviating mental illness do not necessarily promote mental health" (Fledderus, Bohlmeijer, Smit, & Westerhof, 2010, p. 2372). Such risk-reduction models include a focus on the prevention and early intervention of mental health problems, and are typified in approaches such as mental health literacy (Jorm, 2000). Complementary to risk-reduction models (e.g., Mrazek & Haggerty, 1994), the promotion of mental health advocates a competence enhancement model which focuses on building strengths, competencies, and resources (Barry & Jenkins, 2007). The enhancement model assumes that, as an individual builds strengths, competencies, and feelings of efficacy in diverse life areas, their psychological wellbeing improves (Barry, 2001). Common indicators of wellbeing in children and adolescents include self-esteem, subjective wellbeing, quality of life, and psychological resilience (Lubans et al., 2016). The enhancement approach is typified in the positive youth development movement (Benson, Scales, Hamilton, & Sesma, 2006), which is popular in youth sport (e.g., Holt, 2016), and encompasses a broad range of other factors in addition to mental health.

Mental health promotion is particularly relevant for children and adolescents (Barry, 2001). Programmes aimed at improving mental health have been found to not only improve mental health and quality of life among children and adolescents, but also reduce risks for mental health problems and a range of social problems such as school dropout (Hosman & Llopis, 2000). Similar to harm-reduction interventions such as mental health first aid (Kelly et al., 2011), mental health promotion interventions typically seek to equip young people with the life skills, support, and resources necessary to overcome adversity and fulfil their potential (Barry, Clarke, Jenkins, & Patel, 2013). Furthermore, there is strong evidence that focusing mental health promotion among young people and their socialising environments, including families, schools and wider communities, has the potential to produce long-lasting positive effects on mental, social, and behavioural development (Barry, 2001).

2. Youth sport and mental health

One important social setting with great potential for supporting mental health is participation in organised sport (e.g., Hajkowicz, Cook, Wilhelmseder, & Boughen, 2013). Organised sport can be defined as an activity that involves: physical exertion and/or a physical skill; a structured or organised setting for training and/or competition that is provided by a club or association; competition against others; and, occurs outside of school hours (Australian Bureau of Statistics, 2008). When structured appropriately, the context of sport can enhance social and emotional functioning, enhance health-related quality of life, and develop protective factors including self-esteem, positive social relationships, and wellbeing (Fraser-Thomas & Côté, 2009; Holt, 2016; Holt et al., 2017). As a result of such strong physiological, psychological, and social benefits, participation in organised sports can protect adolescents and young men against suicidal ideation and suicide attempts (Southerland, Zheng, Dula, Cao, & Leachman Slawson, 2016). Indeed, if adolescents drop out of organised sports, they are 10–20% more likely than their sport-playing peers to be diagnosed with a psychological disorder within three years (Vella, Cliff, Magee, & Okely, 2015). Furthermore, high numbers of boys and adolescent males participate in organised sports worldwide each year. Around half of all children and adolescents participate in organised sport globally (Tremblay et al., 2014), and in some countries, more than two thirds of boys participate in organised sport each year (Australian Bureau of Statistics, 2011) with an average involvement of over eight hours per week in some countries (Vella, Cliff, Okely, Scully, & Morley, 2013). Prolonged exposure, high participation rates, and engaging environments make organised sports an important medium to facilitate population level change in health and health behaviours such as the promotion of mental health (Hajkowicz et al., 2013; Street, James, & Cutt, 2007).

While there is increasing focus on mental health in sport generally, most research addresses elite athletes (e.g., Coyle, Gorczynski, & Gibson, 2017), and the prevalence of mental illness (e.g., Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015; Rice et al., 2016). Conversely, "the evidence-base underpinning the promotion of mental health among athletes is poor" (Uphill, Sly, & Swain, 2016, p. 2). For example, Liddle, Deane, and Vella (2017) reported that only 11% of sport organisations in Australia have engaged in campaigns that target members' mental health, and those campaigns often lacked an evidence based approach and robust evaluation.

Thus, more emphasis is required on grassroots sport – involving the largest population of participants – and in youth sport where the potential of supporting mental health at an earlier age could have important effects later in life. In an editorial, Bauman (2016) discussed issues relating to the mental health of elite junior athletes, including the need for early identification of a wide range of mental health issues that are beginning at increasingly earlier ages and, in part, are brought about when athletes face the stressors associated with elite sports participation. Recent studies have explored *parents'* perceptions of the role of community sports clubs in adolescent mental health (Brown, Vella, Liddle, & Deane, 2017; Hurley, Swann, Allen, Okely, & Vella, 2017), and the promotion of mental health to coaches (Breslin, Haughey, Donnelly, Kearney, & Prentice, 2017); however, little is known about the perspectives of adolescent males on sport as an avenue for supporting mental health. Such a perspective is important in order to obtain in-depth insights into their perceptions regarding the potential for supporting mental health in youth sport, and for providing understanding for future interventions. For example, it is important to understand the preferences of adolescents for a wide variety of content such as asset-based or harm-reduction strategies. Similarly, adolescent preferences for the implementation and delivery of such strategies will underpin the acceptability of, and engagement with, mental health interventions in sport, and as a consequence, will determine their effectiveness. To achieve such understanding, a qualitative approach is particularly appropriate. For example, Johansson, Brunnberg, and Eriksson (2007) analysed the concept of mental health from the perspective of adolescent boys and girls using interviews and focus groups, through which the adolescents perceived family as the most important determinant for young people's mental health, closely followed by friends. In sport, though, other influences such as coaches may be important.

In summary, organised sport may be an important medium for facilitating population-level change in health and health behaviours – particularly for adolescent males who have high participation rates. However, little is known about organised youth sports as a vehicle for supporting mental health – particularly from adolescent male perspectives. This extends to important factors which will underpin the effectiveness of mental health promotion in sport including basic preferences for harm-reduction or asset-based approaches and preferences for implementation. Therefore, this study aimed to qualitatively understand adolescent males': (i) knowledge and experience of mental health; (ii) perceptions of organised youth sport as a vehicle for supporting mental health; and (iii) preferences/perceptions regarding needs and considerations for mental health interventions in organised youth sport.

3. Method

3.1. Approach

This study was grounded in an interpretivist philosophy, and a relativist ontology which assumes that individuals make multiple

meanings of the social world based on their experiences in particular contexts and in relation to others (Thorpe & Olive, 2016). We were guided by constructionist epistemology which assumes that knowledge is constructed, subject to different interpretations, and mediated by values (Coyle et al., 2017). Hence researchers are involved in the production of knowledge, which cannot be value-free or neutral (Thorpe & Olive, 2016). This study therefore sought to explore the experiences, perceptions, and understanding of adolescent males regarding mental health in youth sport.

Methodologically, this philosophy lends itself to interviews as social activities which engage individuals in embodied talk, jointly constructing knowledge about themselves and the social world as they interact (Sparkes & Smith, 2014). By capitalising on the interaction between participants, focus groups are useful for generating discussion and richer data than can be obtained using other methods such as interviews (e.g., Kitzinger, 1995). Indeed, focus groups are well suited to discussing sensitive topics such as mental health (Carless & Sparkes, 2008) – particularly with younger participants who may be shy or feel uncomfortable speaking directly to researchers (e.g., Harwood, Drew, & Knight, 2010).

3.2. Participants and sampling

Participants in this study were 55 Australian adolescent males aged 12–17 years (M = 14.73 years; SD = 1.67) who were currently participating in organised basketball (n = 16), soccer (n = 15), Australian Rules Football (n = 7), swimming (n = 8), cricket (n = 6), or tennis (n = 3) competitions. The majority of these adolescents participated at grassroots/local level, while a small minority also participated at regional/state level (i.e., for representative teams). Community sports clubs were contacted via telephone and email, and invited to take part in the study. Adolescent male athletes were then purposively recruited based on age, either directly or indirectly through their parents. Sixteen focus groups were conducted with a mean of 3.5 adolescents, with a focus on only one sport, per group (although some adolescents played multiple sports). Each group consisted of adolescents who primarily participated in the same sport in order to facilitate discussion, as mental health is often a sensitive topic (Carless & Sparkes, 2008). For example, participants were more likely to be in friend groups or with team-mates with greater trust and rapport than may been the case in focus groups combining sports. Focus groups were conducted in younger (aged 12–15 years) and older (aged 16–17 years) groups, and lasted 48.68 min on average (SD = 9.25).

3.3. Procedure

Following ethical approval from a university research ethics committee, sports clubs were contacted through the club president and/or personal contact with other club members. Upon gaining the support and consent of each club, adolescents were approached after training sessions/competitions or through their parents, and informed about the purpose of the study. This process involved informal conversations about the project (and the opportunity to ask questions) and the provision of an information sheet. Adolescents who expressed an interest in participating in a focus group were later contacted via phone or email to arrange a convenient time and setting for the focus group to take place. These focus groups took place at a university or at the sports club (i.e., in the clubhouse), and were conducted by trained research assistants and/or members of the authorship team. Data were collected until saturation was perceived and the research team agreed that no new data was emerging (Côté, Salmela, Baria, & Russell, 1993). Participants provided written informed consent and, for adolescents under 16, additional written parental consent. All focus groups were digitally recorded and later transcribed verbatim. Afterwards, adolescents were thanked and presented with a $20 gift voucher.

3.4. Discussion guide

A discussion guide was developed to focus on adolescent males' perceptions of organised youth sports as a context for supporting mental health. This guide was developed to be semi-structured in order to allow participants to elaborate on areas of perceived importance. The guide deliberately opened with basic questions to develop rapport and encourage each adolescent's involvement (e.g., name, age, favourite athlete). Then, the discussion centred around (i) knowledge, beliefs and perceptions about mental health (e.g., “what do you think the term “mental health” means?”); (ii) the role of organised youth sports as a vehicle for supporting mental health (e.g., “what do you think about promoting mental health through your sports club?”); and (iii) perceived needs regarding mental health (e.g., “do you think it would be useful to have more information in relation to mental health?”); and (iv) preferences and perceptions regarding interventions to promote mental health through sport (e.g., “can you think of any ways that might encourage young boys to learn more about mental health?”). In addition to these four considerations, probing questions were also used to extract further information, such as “can you tell me a bit more about that?”

3.5. Analysis and trustworthiness

Following transcription, the lead author engaged in a process of *indwelling* (Maykut & Morehouse, 1994) by reading each transcript several times to enhance familiarity with the data, which were then analysed inductively and thematically (Braun & Clarke, 2006). Initial *codes* were developed to ascribe basic meaning to the data, based on quotes which were interesting or relevant to the aims of the study (e.g., ‘not confident in how to help someone’). Then, conceptually similar codes and corresponding raw data extracts were identified, sorted and grouped together where appropriate to form *higher order themes* (e.g., ‘knowing how to help’). These higher order themes were subsequently categorised and organised into *general dimensions* (e.g., ‘perceived needs regarding mental health’) which form the basis of the Results as described below. An iterative process was employed throughout the analysis whereby themes were revisited, reviewed, and revised to better understand their fit and enable refinement (Srivastava & Hopwood, 2009).

The term ‘trustworthiness’ is used by qualitative researchers to represent quality and credibility of the data and interpretation (Sparkes & Smith, 2009, 2014). We adopted a relativist approach to trustworthiness (cf. Smith & McGannon, 2017). In this study, trustworthiness was enhanced by engaging in processes of *peer debrief*. The lead author met regularly (formally and informally) with the rest of the research team who played ‘devil's advocate’ and challenged the researcher's assumptions regarding data collection (e.g., eliciting best responses) and analysis (e.g., most appropriate coding of themes). By conducting 16 focus groups, until data saturation was perceived, we sought to achieve *persistent observation of emerging issues*. In addition, our interpretation of these focus group data then attempted to convey a *thorough* and *transparent account* of the participants' experiences and perceptions. Specifically, we sought to provide rich description of the adolescents' perspective which is conveyed below using direct quotes - including interactions between participants and the interviewer in order to facilitate more transparent judgement of the rigour of the research and quality of the data (Smith & Sparkes, 2016; Smith, 2018).

4. Results

This study aimed to understand adolescent males' knowledge and experience of mental health, perceptions of organised youth sport as a vehicle for supporting mental health, and their preferences/perceptions regarding interventions to support mental health in organised youth sport. Six dimensions emerged from the analysis which represented adolescent

Table 1
Adolescent male perspectives on the promotion of mental health through youth sport.

Example Codes	Lower-Order Themes	Dimensions
Your state of mind; feeling sad or pressured; being happy and not depressed; stress; anxiety	Knowledge of mental health	Knowledge and experience of mental health
Dad has mental health issues; my friend is depressed	Exposure to mental health issues	
Fear of being judged; people could think you're worse than you are; you're meant to be a man; we never talk directly about mental health	Masculine stigma	
Helps me relax; takes your mind off things; helps me get away from problems	Benefits of sport for mental health	Connection between sport and mental health
Sport can get you down; pressure to perform; if you're in a slump; less time with friends	Negative influence of sport on mental health	
Sport is about performing; team and individual performance	Motivation as an influence on mental health in sport	
Improving as a person and athlete through sport		
Sport is about enjoyment and fun		
They're like a second dad; teach you life lessons; help raise you into a better person	Importance of coaches	Coaches and mental health
I could talk to my coach; don't think I would talk to him – need to take him seriously; it depends on your relationship with the coach	Relationship with coaches	
Focus less on winning, and more on enjoying ourselves	Emphasis of coaching	
They're there to guide and support you; it's good to talk to family; they've been through their own ups and downs	Importance of family	Family and mental health
Don't think my family knows much about mental health; if they don't know they can't help you	Family's knowledge of mental health	
Not confident in how to help someone; want to know how to help someone with a mental health issue	Knowing how to help	Perceived needs regarding mental health
Recognise signs and symptoms of mental health issues; want to know effects and causes of mental health issues	How to recognise mental health issues in others	
Want to know how to cope with stress; how to prevent mental health issues; how to be resilient	Managing adversity	
If it's related to sport you understand it more; you pay more attention if it's related to sport	Sport could be an engaging context for supporting mental health	Considerations for supporting mental health in youth sport
Elite athletes as role models; easier to talk about athletes' mental health	Interest in elite athletes'/role model mental health	
People who have been through it before; gives you confidence	Learning from lived experience of mental health issues	
Do it in a group where everyone talks; in a team you've got trust	Promoting mental health in teams/groups	
Depends on relationship with the club/sense of community; some teams take it seriously, others are just last-minute	Importance of feeling connected	

males' perceptions of: (i) knowledge and experience of mental health; (ii) the connection between sport and mental health; (iii) coaches and mental health; (iv) family and mental health; (v) perceived needs regarding mental health; and (vi) considerations for supporting mental health in youth sport (see Table 1). These dimensions are discussed below in terms of higher-order themes, with direct quotes to illustrate.

4.1. Knowledge and experience of mental health

These adolescent males discussed their awareness of mental health through three themes: (i) *knowledge of mental health*; (ii) *exposure to mental health issues*; and (iii) *masculine stigma*.

4.1.1. Knowledge of mental health

These adolescents broadly understood mental health to involve a state of mind. For older participants, mental health was understood in terms of illness, through issues or problems such as depression, anxiety, and bipolar disorder: “When I say “mental health”, I mean like if you have anxiety or depression … or something like that. You might not be in the best mental health and it can affect other aspects of your life” (Tennis 12-17). Younger participants generally discussed mental health in terms of “feeling healthy inside” (Soccer 12–15), feeling sad, feeling pressured, feeling happy and not depressed, feeling confident, and enjoying things. These adolescents discussed becoming more aware of mental health as they grew older. For example:

> Interviewer: Do you think things like depression and anxiety are common among people your age?
>
> Participant 3: As we get older, you can see it a lot more. It comes up, you see the stats with the people that had it … So you do look out for it a lot more and be aware of the people that do have it.
>
> …
>
> Participant 1: I think only as you get older you realise how much it can affect a person (Basketball 12–15).

4.1.2. Exposure to mental health issues

Some participants described having experience of mental health issues, either themselves or through the people close to them. For example:

> Interviewer: How would you feel if you knew or thought one of your friends is really stressed or really anxious?
>
> Participant 2: My Dad, he doesn't cope well with stress. It's some level of depression sort of thing and I hate seeing when he's down … Sort of stressed and pacing … It upsets me that I see him in that because he's such a happy nice bloke … He's like my best mate.
>
> …
>
> Participant 1:I've had family and friends that have experienced depression. Even if it wasn't diagnosed professionally you still tell that something was up (Australian Rules Football 16–17).

Others described having friends with mental health issues: “My friend has depression … she has problems with like health and exercise, what she looks [like] - she thinks too much about her body and stuff” (Basketball 12–15). One participant disclosed that they had personal experience of mental health issues previously, and described how:

> I was almost at that stage of depression, two years ago … Went to counselling and stuff, and it's pretty hard. I guess, I shook it off, tried to manage it by myself. I wasn't open. But then I realised I had help, and opened up (Swimming 16–17).

4.1.3. Masculine stigma

The majority of participants did not discuss mental health in their friend groups:

> Interviewer: Do you ever talk about mental health with your friends … or your teammates?
>
> Participant 1: Not really actually. It's not a very discussed term … No, you don't actually hear a lot of mental health talk, or even just people asking you "how are you?"
>
> …
>
> Participant 2: It's not really something that you talk about with your friends and stuff. Even if they're your closest friends … You never directly talk about mental health (Basketball 12–15).

In particular, these participants perceived masculinity to be an important factor relating to mental health and stigma. For example:

> Participant 1: You're meant to be a man … Live up to that … I can't have depression, I'm a man. I can't do that. There's no time for that … like holding it back, resentment of coming out with it - so I think guys are less forthcoming and telling so they're trying to hide it more.
>
> Interviewer: Less likely to seek help.
>
> Participant 1: Yeah (Australian Rules Football 16–17).

Whilst most participants stated they would be happy to listen to others ("just hang around with them a little more so they'll have someone to talk to as well"; Australian Rules Football 12–15), this concern with masculinity was perceived to lead to less likelihood of seeking help: "The view of men is just toughen up and deal with it yourself, but it's actually better, you're more of a man if you actually go to seek help" (Soccer 12–15). Similarly, others described this as: "The whole male stigma, you know … "I'll get through it, I'll just keep fighting … It'll go away", but it eventually, probably wouldn't" (Swimming 16–17).

Participants further described stigma relating to mental health, involving fear of being judged/teased by peers, looked down upon, seen as having something wrong, or not being normal. They believed that these feelings could prevent them from telling others if they were experiencing a mental health issue. Others explained how low mental health literacy in peers could lead to stigmatised judgements about the severity of mental health issues:

> Interviewer: Do you think there's stigma around having stress or depression or anxiety?
>
> Participant 1: Yeah, people might think things about you that aren't actually true. With anxiety … or stress, you could just be worried about a lot of things and they start thinking you're going to commit suicide or something … Because a lot of things you hear about on the news, people who commit suicide because they're depressed, some people might start thinking that everyone who's depressed is suicidal (Australian Rules Football 12–15).

Further, some participants were concerned that talking about mental health may make existing issues worse:

> Participant 1: It can make people who already have [laughter] stuff going on feel insecure.
>
> Participant 2: If there was something wrong with one of your friends, and they don't feel comfortable talking about it, they might get upset or something like that …
>
> Participant 3: It could hurt someone.
>
> Interviewer: Okay. So you don't want to, like you said, put focus on them again or that kind of thing?
>
> Participant 1: Pretty much.
>
> Participant 2: Yeah.
>
> Participant 1: Because it can make things worse. Even if you're trying to help (Tennis 12-17).

4.2. The connection between sport and mental health

Adolescent males expressed perceptions regarding the connection between sport participation and mental health in terms of three themes: (i) *benefits of sport for mental health,* (ii) *sport as a negative influence on mental health,* and (iii) the *influence of motivations in sport on mental health.*

4.2.1. Benefits of sport for mental health

These adolescents perceived a range of mental health benefits from sport, particularly in terms of managing symptoms such as stress: "taking your mind off things. When I play AFL [Australian Rules Football] I forget everything. Nothing else matters. It's just footy for those two hours of the game … (it) takes your mind away" (Australian Rules Football 16–17). Others considered sport to be 'a happy place' where they can relax and get away from problems:

> Interviewer: What are some of the things that are recommended for people who are facing stress or depression or anxiety?
>
> …
>
> Participant 3: Whenever I'm feeling stress I'll [go to a basketball court] and shoot, just because it's a happy place for me. It feels like a sense of home. As soon as you find a sense of home, that's where a lot of people should be able to go … wherever you find yourself most comfortable, that's where you should try and go, try and clear your mind and trying to sort things out.
>
> Participant 2: Find a happy place and try and forget about it. Do things you like with other people you enjoy playing with … Find something else to concentrate on and you'll just forget about it. (Basketball 12–15b).

Hence, sport had a strong, positive connection with mental health for adolescent males.

4.2.2. Sport as a negative influence on mental health

In other cases, however, participants discussed negative effects of sport on mental health. This theme was discussed particularly in terms of sub-standard performance:

> Participant 1: Playing sport, especially like cricket, it can get you down a lot. If you're not scoring runs or playing well, you can get a bit stressed.
>
> Interviewer: So sport can cause stress as well?
>
> Participant 1: Yeah.
>
> Interviewer: Yes, based on performance, is it?
>
> Participant 1: Yeah (Cricket 12–15).

Others explained how sport can impact on adolescents socially, which can be a stressor: "if you're an elite athlete you are more prone to stress and stuff because you're so focused on that, like playing basketball, and you don't get to hang out with your friends and stuff, you don't get that down time" (Basketball 12-15a). Therefore, while sport was perceived to be positive for mental health, detrimental effects were also reported – particularly for those competing at a higher level or with greater focus on performance.

4.2.3. Influence of motivations in sport on mental health

An underlying factor influencing the connection between sport and mental health was the adolescents' motivations in sport. For some, the

main focus in sport was enjoyment and fun: “We have a good time, and sometimes we win” (Soccer 16–17). For others, particularly those at a higher standard, sport was more about improvement, especially in terms of performance: “Anything that makes me get better, I'll do it … Anything that's going to help benefit my game, I'm willing to look into it” (Basketball 16–17). Others were motivated in sport by improvement:

> Participant 1: I think everyone's just looking to try and get better, and just improve where you're at.
>
> Participant 4: The focus … (is) about getting better as a player, as a person, as a friend, as a man; growing in toughness … every day I want to get better.
>
> Participant 2: I try to take as many opportunities as I can to try and make myself a better player (Basketball 12–15b).

Such focus on performance was reported to involve greater exposure to factors such as stress and pressure, and was therefore more likely to be linked with negative influences on mental health. In turn, adolescents' motivations were an important mediator in the connection between sport and mental health.

4.3. Coaches and mental health

These participants discussed their perceptions of coaches in relation to supporting mental health through three themes: (i) the *importance of coaches;* (ii) *relationship with coaches;* and (iii) *emphasis of coaching.*

4.3.1. The importance of coaches

Adolescents discussed coaches as being important in their sport, and some regarded coaches very highly: “He'd be like a third guardian” (Swimming 16–17). Similarly:

> Participant 4: The coaches are what practically define me. They're a second dad …
>
> Participant 3: That's why we love coaches so much, because they don't just teach us how to play the sport we love, but they also teach us life lessons through that sport …
>
> Participant 1: They're teaching you another life lesson and … are willing to push you, and almost raise you into a better person (Basketball 12–15b).

As such, they perceived that the coaches played a bigger role than just sport, and could be a key figure in their life (and mental health) more generally.

4.3.2. Relationship with coaches

Others indicated that their coach would be a person to talk to if they were struggling with a mental health problem: “Yes, I think I could talk to my coach … he understands a lot and he's a good person to talk to” (Tennis 12-17). Similarly:

> Participant 2: Just because I've known him for so long, and like … The nature he is. He's very supportive, and he knows things, and he has experience.
>
> Participant 3: Yeah. He also would, kind of, need to be aware of it. Keep an eye on you, I suppose. And make sure that if you're having a bad day, to talk to you about it. (Swimming 16–17).

This decision appeared to depend on their relationship with the coach. Some adolescents stated that trusting the coach was important. Others, though, suggested that they would not talk to their coach unless they felt like the coach knew more about mental health, or felt that they could take the coach more seriously.

4.3.3. Emphasis of coaching

These adolescents also discussed how, in some cases, they would prefer if the coach's approach could be changed, particularly with regard to coaches' focus on winning: “If we can change the outlook of coaches and go “look, as much as we love to win, life's not about winning. It's about enjoying yourself” … I think once you do that, more kids are going to be loving life” (Basketball 12–15b). These perceptions link to those presented above whereby sport was considered to have negative effects on mental health for those whose focus is more on performance, and suggest that some adolescents would prefer greater emphasis on enjoyment of youth sport from coaches.

4.4. Family and mental health

Adolescent males expressed perceptions regarding family and supporting mental health through sport in terms of two themes: (i) *importance of family;* and (ii) *family's knowledge of mental health.*

4.4.1. Importance of family

These participants reflected on the importance of family in relation to supporting mental health through sport:

> Family is … there to guide and support you through everything you go through, especially parents because they've gone through it themselves. They've had ups and downs in their life. What they see you going through they can recognise and help push you through it, and if they can't see it, it's good to go talk to them because then they'll probably know ways to help you get through things and find answers to get better or help others … I think the good thing about playing basketball is that we go on a lot of road trips, so the family comes together in the car (Basketball 12–15b).

Others described differences between the role of parents and coaches regarding mental health in sport:

> Parents can recognise first. When someone's having a bad day racing, or … if they're not performing well, they can probably say something to the coach before the coach realises that “Hey, this isn't a physical thing. They're not sick or anything” - it's a mental issue. Especially when they're travelling up in the car, if it's like parents in the car with you, then, I don't know, you're not talking to them, or you're talking to them out of normal (they might recognise an issue) (Swimming 16–17).

4.4.2. Family's knowledge of mental health

Adolescent males also perceived a need for parents to receive more information about mental health, and to learn about mental health together: “I don't think my family knows much about mental health so it'd be good to learn about it with them” (Cricket 12–15). Similarly, participants reflected that if parents do not know much about mental health, they are less able to help adolescents or others who are experiencing mental health issues:

> Participant 2: If they don't know much about it, [there's] not really much they can do …
>
> Participant 1: So they can't help as much (Basketball 12-15a).

Others emphasised how parents may not be able to provide appropriate support if the adolescent was experiencing a mental health issue:

> Participant 4: Your family might look at you a different way … [if] you come out and [said] “Hey, I have stress” …
>
> Participant 2: Some parents might say “Get over it”, or some will like actually help them out (Soccer 12–15).

4.5. Perceived needs regarding mental health

These adolescents expressed a range of interests in, or perceived needs from, mental health, and this sample strongly expressed that they would

want to help someone close to them who had a mental health problem. This dimension consisted of three themes: (i) *knowing how to help;* (ii) *how to recognise mental health issues;* and (iii) *managing adversity*.

4.5.1. Knowing how to help

In line with their desire to help, the adolescents expressed the need to know *how* to help: "I think we know about it. I don't think I'd know how to go about helping someone else though" (Swimming 16–17). Importantly, some adolescents expressed that "I'd want to help them out, but at this point in time probably not too sure how to help them out. You feel helpless, like you can't do anything for them" (Basketball 12–15). Others drew upon examples where people close to them were already experiencing mental health issues:

> Participant 2: Sometimes he [father] just tells me about it and he says he's just feeling it and sort of like what do I say? What do I do to help that? … It's a tough thing to deal with.
>
> Interviewer: You wouldn't be sure of what to do.
>
> Participant 2: Yeah … you're sort of like "What do I do?" (AFL 16–17).

4.5.2. Recognising and empathising with mental health issues

Knowing how to help was closely linked to the adolescent's ability to recognise mental health issues: "Yeah, I guess there's a fair few people that go through depression at our age and stuff, you need to know what to look for and how to help" (AFL 12–15). These ideas were encapsulated by one adolescent: "Maybe being able to recognise earlier or something, instead of when it's too late or whatever and something's actually happened" (Basketball 16–17). In addition to recognition of mental health issues, adolescents expressed the need for better understanding of how mental health problems are experienced:

> Education of what these people are struggling with would make it much more easier to empathise with them. Where people just shrug it off, just go "it's depression, what are they sad about? Just get over it". You don't know what's going through their mind … just educating what they're going through and putting it in perspective to their life of taking away their happiness in something. For me, if you had no sport, and you couldn't go see your best mates and do what you love, how do you think that would affect you? … It'd change my life (Basketball 16–17).

Therefore, being able to accurately recognise mental health issues was considered to be important for adolescent males, especially in terms of their ability to help someone close to them who may be experiencing a mental health problem.

4.5.3. Managing adversity

Others highlighted the need for knowledge and skills for *managing adversity*, including the need for "methods on how to keep your mind off stress" (Australian Rules Football 12–15b). Such strategies were perceived as important within sport and for mental health more generally – particularly in younger athletes who, for example, may have had less opportunity to learn such strategies compared to older athletes. These included strategies for managing emotion while playing sport:

> I would like to … see how to manage anger. There is a lot of it on the field. After the game it's all good, but if you do something on the field sometimes you can't take it back, like you might get red (carded) or you might actually hurt someone then you look down and realise what you've done – it's like "I shouldn't have done that" (Soccer 16–17).

Similarly, participants expressed a desire to know *how to prevent mental health issues.* One Australian Rules Football player explained:

> I'm pretty mentally healthy. I have stressful times and I have happy times but one thing I don't know is how to resist or … stop from gaining a mental issue … (how to be) resilient, yeah. Maintain my wellbeing as a healthy person (AFL 16–17).

Part of such resilience and prevention was the need for a realistic perspective towards mental health, and the potential of experiencing mental health issues in future:

> A lot of people, especially our age, have the attitude that, you hear about people like that, but "it'll never happen to me. I'll never go through that." I think it's becoming more of a reality, especially in this day and age, that it can very well happen to you. You need to have that sort of mentality that it can, and if it does, you need to be able to handle it and talk to people (Basketball 16–17).

4.6. Considerations for supporting mental health in youth sport

These participants discussed perceptions of supporting mental health through sports clubs and teams, in terms of five themes: (i) *sport could be an engaging context for* supporting *mental health;* (ii) *interest in elite athletes' mental health;* (iii) *importance of feeling connected;* (iv) *promoting mental health in groups;* and (v) *learning from lived experience of mental health issues.*

4.6.1. Sport could be an engaging context for supporting mental health

These participants suggested that sport could be an engaging context for learning more about mental health. While the adolescents described receiving information about mental health through other avenues (particularly school), they reported that learning about mental health through sport would be more engaging. For example, "We tend to go through it at school but I don't think kids really take it that seriously" (Basketball 12–15). Similarly:

> Interviewer: Can you think of any ways that might encourage boys your age to learn more about mental health?
>
> …
>
> Participant 1: I think if it's related to … your hobby … like for us it would be basketball … so if it was incorporated in basketball and they related it to basketball then you'd understand more (Basketball 16–17).

One participant reported that they would not engage with interventions if they were: "like something that would never relate to me or my cricket or my soccer, just something that I'd … never really need … or experience" (Cricket 12–15). However, these adolescents also suggested that the content should be transferrable beyond sport: "integrate it into life as well, build the programs that are good for sport but also applicable [beyond]" (Soccer 16–17).

4.6.2. Interest in elite athletes' mental health

Some adolescents in this study reported being more interested in mental health through elite athletes and role models. They described being more aware of mental health from elite athletes speaking about their own issues, and explained that they would be more interested in learning about mental health through such high-profile athletes or their role models:

> Participant 1: If the subject's on mental health … usually I'd pay more attention to it if I heard that, say, a scenario about [a top player] suffering from stress-ness or anxiety or something like that, I'd want to know more about it, because it could possibly happen to me down the line.
>
> …
>
> Interviewer: Yeah. So not just having general information about mental health, but having it specific to something you guys are interested in, like cricket or like the stars.

Participant 1: Yeah.

Participant 2: Yeah (Cricket 12–15).

It appeared as though the adolescents could relate to specific issues experienced within a sporting context, particularly by elite athletes and/or those they considered to be role models.

4.6.3. Learning from lived experience of mental health issues

A similar strategy suggested by these adolescents was to hear from presenters with lived experience of mental health issues. These presenters did not necessarily need to be athletes (e.g., they were open to mental health practitioners, or individuals who have recovered from mental health problems). Specifically, participants suggested such presenters could instil confidence in mental health and help-seeking:

Participant 3: I think the confidence is the main thing with them [speakers with lived experience] because they have the confidence to speak out … So if you yourself have confidence … if you need help, you can go ask for help, or even … have the confidence to help others …

Participant 4: People that have been through that sort of thing before always know what it feels like, and it's that sort of thing that you can touch on a personal basis (Basketball 12–15).

4.6.4. Importance of feeling connected

These adolescents articulated that the appropriateness of supporting mental health through sports clubs depended on their relationship with the club. For example, "I've only been with the club for a year so I don't really have that deep a connection with anyone there except the boys I know through school. You only meet up with them once or twice a week" (Soccer 16-17a). In other cases, the adolescents did not have as strong a relationship with their team which was perceived as an inhibitor for supporting mental health:

I know we are kind of just a last minute team … like, half our team is old, half our team is new. I think it's a lack of feeling of community; you have to get a feeling of community before you can have actual meaningful discussion about anything (Soccer 16–17b).

In some cases, strong relationships within teams meant that they would be more open to discussing mental health: "In our [representative] team we are all pretty close. So if you have like something like this with … our team we'd all sort of understand because like we are together like we are pretty close" (Basketball 16–17).

4.6.5. Supporting mental health in groups

Adolescents perceived that the most effective way of discussing mental health or similar issues was through group activities – particularly suited to teams:

Interviewer: So, can you think of any ways that might encourage boys like you to learn more about mental health or services available? What might encourage them to talk more to their friends?

…

Participant 1: The only way I really think you could actually get talking to your friends in that way is probably in a forced activity … where it's like get in a group, talk to everyone. You do spill things in those groups, but there's really nothing else you can do outside of that. You read books, and we're told that all the time, "Go talk to your friends if you're being bullied," and some of my friends and some of the people I know are getting bullied. Some even by my friends. And yes, I try to stop them, but - it just doesn't work when you talk to them. (Tennis 12-17)

Similarly, adolescents discussed the importance of team-mates/friends, and how they would be more likely to engage in mental health interventions in their teams: "If it was more like you as a team, everyone trusts everyone … Being in a team is the best learning atmosphere to learn new things and challenge yourself. As a team, it's better than … individually" (AFL 16–17).

5. Discussion

This study sought to understand adolescent males' knowledge and experience of mental health, their perceptions of organised youth sport as an avenue for supporting mental health, and their perceived needs and preferences regarding interventions to promote mental health in organised youth sport. Key findings were that adolescent males perceived sport could be an engaging setting for supporting mental health (e.g., compared to school), and considered key individuals in supporting mental health to be coaches, parents/family, and elite athletes/role models. Sport participation was reported to have both positive (e.g., therapeutic) and negative (e.g., stressful) effects on mental health, particularly at higher standards of competition. In addition, these adolescent males expressed that they wanted to know how to help a person close to them who was struggling with a mental health issue, but were not confident in *how* to provide such help; and perceived the need for skills and strategies to manage adversity, build resilience, and prevent mental health issues. Coaches and parents were both considered important for mental health, in terms of adolescent's relationship with their coach, coaching emphasis (e.g., winning vs. enjoyment), and their family's knowledge of mental health. These findings build on existing literature on mental health in sport, and adolescent mental health, by providing in-depth insights into adolescent males' perceptions of organised youth sport as a context for supporting mental health.

The finding that adolescent males perceived sport as a context that could be engaging for supporting mental health is important given the high numbers of this population engaged in organised youth sport (e.g., Tremblay et al., 2014). It has been suggested previously that sport has great potential for the promotion of mental health (e.g., Hajkowicz et al., 2013; Street et al., 2007), so that adolescent males perceive the same is an important finding for the development of interventions. Primary reasons for this perception was that sport is their main hobby in many cases, meaning there is an inherent interest in this setting through which mental health can be approached, in contrast to other settings where adolescents may not be as engaged (e.g., school). Therefore, this research suggests that interventions should be integrated into the sporting setting (e.g., delivered in the sports club), through sport-specific/relevant content. However, it should also be noted that adolescent males considered connection to their club/team to be an important factor influencing their willingness to participate in such interventions which, for example, could be enhanced through activities such as team-building exercises.

These findings support existing literature in that youth report the context of sport can facilitate or inhibit psychosocial development (see Holt, 2016; Holt et al., 2017). In particular, adolescent males reported therapeutic effects of sport, where they could get away from stressors. Importantly, however, these adolescents (particularly those participating at higher standards) also discussed negative effects of sport on mental health in relation to pressure to perform, performance slumps, and having less time to socialise with friends. These issues relate to the concerns raised by Bauman (2016) regarding mental health implications of elite junior sport, and suggest that those participating in higher standards of youth sport (e.g., talent development pathways, regional/national academies) may, in some cases, be at greater risk of mental health problems. Issues relating to performance, and injury, are prevalent in the mental health model of sport performance (cf. Raglin, 2001), and although the focus has been on adults, the same issues apply to young athletes too. Such findings emphasise the need to support mental health from an early age, and for programs specifically targeting the mental health of adolescent males participating in sport. These implications are particularly important given the increasing public

awareness and incidence of high-profile athletes with mental health issues who commit suicide, particularly post-retirement. It should not be assumed that sport has a solely positive influence on mental health, and interventions should actively address these sport-specific stressors as well as content transferrable to other domains (e.g., school, work).

Adolescent males considered parents and coaches to be key support individuals for mental health in a sport context. Adolescent perceptions of the coach's mental health literacy was an important factor determining whether they would consider speaking to such individuals about mental health, or seeking help. Recent work has emphasised the role of the coach in relation to mental health, with parents perceiving coaches to have an important role and coaches themselves recognising that they have an important role in adolescent mental health (Mazzer & Rickwood, 2015). However, both parents and coaches recognise the need for better training for coaches in order to help them fulfil the role of mental health gatekeeper (Brown et al., 2017; Mazzer & Rickwood, 2015). Adolescents who reported that they would speak to their coach perceived those coaches to be knowledgeable, supportive, and trustworthy (i.e., that they had a good coach-athlete relationship; Mageau & Vallerand, 2003). As coaches play a key role in youth sport, this finding suggests that work on the coach-athlete relationship could explicitly consider impact on mental health of young athletes, and reinforces the need for programs specifically targeting coaches (e.g., Breslin et al., 2017). Indeed, there are broader implications for coach education programs, as coaches in youth sport need to be prepared for adolescents needing/wanting to speak to them about mental health problems. These findings also highlight the need to provide support/interventions in grassroots youth sport, where coaches are often parents and/or volunteers who are unable to devote time and effort to coach education as more professional coaches.

Similar findings were reported regarding the parents' role in mental health through sport. Adolescents who suggested that they would not speak to parents about mental health issues were not confident in their parents' mental health literacy, and in some cases queried whether the parent would take the conversation seriously or just say “get over it.” As above, this finding reinforces the need for parent mental health literacy interventions. While there has been increasing focus on parenting in youth sport generally (cf. Harwood & Knight, 2015), Hurley et al. (2017) examined the role of community sports clubs in adolescent mental health from the perspective of parents. Hurley et al. reported that parents had low levels of mental health literacy and were worried about the development of mental health problems, but were interested in receiving education on adolescent mental health. Parents also reported low confidence in their ability to discuss mental health with their adolescent and expressed mixed views on the role of the sport club in promoting positive mental health. Together, these findings indicate that both groups perceive parents need further support and education about adolescent mental health, to provide additional avenues for support.

Regarding specific intervention needs, these adolescent males reported wanting to be able to help people close to them who may be struggling with a mental health problem; but not yet knowing *how* to provide appropriate support. This idea is synonymous with mental health literacy (Jorm, 2000) in terms of being able to recognise mental health problems, understanding how to respond, and where to go for support. Given the prevalence of mental health issues in adolescents, such skills are arguably vital given that friendship groups are one of the primary sources of support (e.g., Colarossi & Eccles, 2003). In addition to providing resources and appropriate support to help adolescent males recognise mental health issues, it is essential to address perceived masculine stigma surrounding mental health. Such stigma is common amongst males and acts as a barrier to behaviours such as help-seeking and providing support (e.g., Courtenay, 2011). These adolescents suggested group activities, with discussion around well-known athletes, as possible strategies for intervention. Further, mental health literacy should be targeted in future interventions especially for younger adolescents as they often refer to “stress” rather than other common mental health issues such as depression. Adolescents also indicated that they wanted skills and strategies for managing adversity and building resilience in order to prevent mental health problems. Resilience is a common aspect of mental health promotion (e.g., Barry, 2001) and positive youth development (e.g., Benson et al., 2006) models, and is closely/positively associated with mental health (e.g., Davydov, Stewart, Ritchie, & Chaudieu, 2010). While there is increasing research on resilience in sport (e.g., Sarkar & Fletcher, 2014, 2017), and extensive literature on resilience in adolescence (e.g., Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003) there appears to be little emphasis specifically on resilience interventions in youth sport – which may be one important avenue for future mental health programmes. Finally, adolescents highlighted the importance of intervening with coaches and parents. Specifically, parents' knowledge of mental health (i.e., mental health literacy; Jorm, 2000), and the philosophy and emphasis of coaches (e.g., to have fun vs. only winning) were key underlying factors that the adolescents identified (Bean & Forneris, 2016; Camiré, Trudel, & Forneris, 2012, 2014).

5.1. Limitations and future directions

As with any study, there are limitations. This study captured the perceptions of a specific group of adolescent males of a particular age range (12–17 years), from certain sports, and from one country. Future studies should explore a more diverse sample of adolescents, including females, who may have different perceptions of supporting mental health through sport. Furthermore, in discussing a topic that is potentially personal and sensitive, adolescents may not have been willing to disclose information about mental health (either their own or others') as they were participating in focus groups with their friends or teammates. Although many participants were very open and expressed their opinions articulately, it may have been the case that others withheld information or provided socially desirable responses.

These findings also provide a number of insights with scope to inform future work on supporting the mental health for adolescent males through youth sport. First, it appears that drawing upon elite athletes as role models may be an important strategy for increasing engagement with mental health interventions, for example, by advocating such interventions or by discussing experiences of well-known athletes who have experienced mental health issues. Second, adolescent males strongly identified the need for strategies to help others close to them who may be experiencing a mental health issue, for example, through better mental health literacy. Third, adolescent males expressed the need to learn how to prevent mental health issues and cope with adversity through sport – which appears to be particularly important given that some participants considered sport to be detrimental to mental health in some circumstances. Fourth, it is important to also consider (and provide resources to) coaches and parents in order to further support adolescent males' mental health through youth sport. These adolescents considered both coaches and parents to be key support individuals, but suggested their willingness to speak to them depended largely on their relationship and their perceptions around coach/parent mental health literacy. Taken together, this study suggests that multicomponent interventions in youth sport may be most effective in supporting mental health, and reinforce suggestions that the community sports club could be an important social setting for supporting mental health among adolescent males.

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